N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D MAR 15 1938

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No. 6318
Township " " — Primary Registration District No. 3009 — Registered No. 57
City [illegible] (No. S.E.Hospital St. Ward)

2. FULL NAME Mrs Mary Belle McElreath 246
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.
5A. IF [redacted] WIDOWED, [redacted] WIFE OF John McElreath.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1856
7. AGE: YEARS 81 — MONTHS 6 — DAYS 23 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hwf.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mayfield, Kentucky.

FATHER
13. NAME John Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

MOTHER
15. MAIDEN NAME Jane Brown.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Wm McElreath. Cape Girardeau Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Stroderville Cemetery Whitewater, Mo DATE Feb 17, 1938
19. UNDERTAKER (ADDRESS) Brinkopf Howell Cape Girardeau, Mo
20. FILED 2-16 1938 J. M. Thompson Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 16, 1938
I last saw her alive on Feb 16, 1938 Death is said to have occurred on the date stated above, at 5:40 a/m
The principal cause of death and related causes of importance were as follows:
Gen Peritonitis — Date of onset 2-12-38
121
Other contributory causes of importance:
Acute appendicitis
By Lateral Ovarian Cysts
Name of operation Appendicitis Cystectomy Date of Feb 12
What test confirmed diagnosis? Lab Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) J. W. Berry, M. D.
(Address) Cape Girardeau Mo