

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Stanol
Township Washington
City Galena (No. 124)

Registration District No. 843
Primary Registration District No. 6106

File No. 12317
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Fennie Palades 432

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elohe Palades

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 - 1876

7. AGE YEARS 62 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Stanol Co. Mo. (STATE OR COUNTRY)

FATHER 13. NAME George Jenkins

14. BIRTHPLACE (CITY OR TOWN) Jenn. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Clark

16. BIRTHPLACE (CITY OR TOWN) Antwerp (STATE OR COUNTRY)

17. INFORMANT Eddie Palades (ADDRESS) Galena Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright Chapel DATE March 15 - 1938

19. UNDERTAKER Elliott & Cheatham (ADDRESS) Galena Mo.

20. FILED 3/15 1938 Nellie Fromly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 - 1938

22. I HEREBY CERTIFY, That I attended deceased from March 10 - 1938, to March 14 - 1938.
I last saw him alive on March 13 - 1938. Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:

John Brumfield Date of onset _____

Other contributory causes of importance: 108-

Name of operation _____ Date of _____
What test confirmed diagnosis? Imm. Was there an autopsy? Yes

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?
If so, specify _____ (Signed) _____, M. D.

(Address) Galena Mo. 765

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.

