

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

15972
 Do not use this space.

REC'D MAY 24 1938

1. PLACE OF DEATH
- (a) County Schuyler Registration District No. 806
- (b) Township Prarie Primary Registration District No. 4485
- (c) City Queencity (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Margret Sebree 160
- (a) Residence, No. _____ St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Sebree		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 11 1873		
7. AGE YEARS 64	MONTHS 8	DAYS 23
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife	
	9. Industry or business in which work was done, as 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) Adair Co,		
FATHER	13. NAME James Price	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana	
MOTHER	15. MAIDEN NAME Margrete Morgan	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known	
17. INFORMANT Eva Johnson (ADDRESS) QueenCity Mo,		
18. BURIAL, CREMATION, OR REMOVAL PLACE Greentop, Mo. DATE May 5th, 1938		
19. FUNERAL DIRECTOR Wm. N. West (ADDRESS) QueenCity Mo,		
20. FILED 5/4 19 38 J. T. Jones & Son 13 Jones Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-11 1938, to time of death, 1938.
 I last saw her alive on May 2 1938. Death is said to have occurred on the date stated above, at 11 A. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

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Other contributory causes of importance:
Diabetes

Date of onset _____

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

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) Ch. W. ... M. D.
 (Address) Greentop Mo

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.

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STATEMENT BY LICENSED EMBALMER

I, *Wm H West*

Licensed Embalmer No.

2882

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

myself

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)