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IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

17668  
Do not use this space.

OF DEATH

County Bollinger

Registration District No. 69

Township Wayne

Primary Registration District No. 5108

Registered No. ....

City .....

(d) Street No. .... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred

T FULL NAME Margie Melendy Brees

Residence, No. .... St. ☐ (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

MARRIED, WIDOWED, OR DIVORCED  
(US HUSBAND OF  
OR) WIFE OF

OF BIRTH (MONTH, DAY, AND YEAR)

YEARS 57 MONTHS 2 DAYS 16 If LESS than 1 day, .... hrs. or .... min.

Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Industry or business in which work was done, as saw mill, bank, etc.

Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

PLACE (CITY OR TOWN)  
STATE OR COUNTRY

NAME

BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

MAIDEN NAME

BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)

ORMANT  
ADDRESS)

IAL, CREMATION, OR REMOVAL

ACE DATE 19

ERAL DIRECTOR  
ADDRESS)

ED Sept 2, 19 ms J A Berry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) me 16 1938

22. I HEREBY CERTIFY, That I attended deceased from  
19... to 19...

I last saw h... alive on 19... Death is said

to have occurred on the date stated above, at ... m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) Richard A Smith M.D.  
(Address) Zelma M.D.

1938  
S-17668