

REC'D JUN 20 1938

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

18716
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Harrison Primary Registration District No. 570 33
(c) City Mt. Vernon Mo (d) Street No. Missouri State Anatomical 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Paralee Scribner
(a) Residence, No. Roy Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 26, 1914
7. AGE YEARS 44 MONTHS 2 DAYS 28
IF LESS THAN 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 25 1938 to May 22 1938
I last saw her alive on May 21 1938. Death is said to have occurred on the date stated above, at 6:20 a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Oct 1937
11. Total time (years) spent in this occupation.

Pneumonia
Tuberculosis
Date of onset Apr 1936
Other contributory causes of importance: 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas County Mo

FATHER
13. NAME Sam Ellison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

MOTHER
15. MAIDEN NAME J. Darnes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co Mo

17. INFORMANT (ADDRESS) Mrs. Madge Reddick Missouri State San

18. BURIAL, CREMATION, OR REMOVAL PLACE Roy, Mo DATE May 23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Scribner 4215 Scribner Rd. Mt. Vernon Mo

20. FILED May 24 1938 P. A. Holmes Local Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
If so, specify.....
(Signed) Chas. J. McEllin, M. D.
(Address) Mt. Vernon 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.