

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

18785
 Do not use this space.

REC'D JUN 22 1938

1. PLACE OF DEATH
 (a) County Livingston Registration District No. 6-12
 (b) Township _____ Primary Registration District No. 4311 Registered No. 10
 (c) City Mooresville (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 Jennie L. Ireland
 (a) Residence, No. Mooresville, Mo. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 26, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 6 13

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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Carroll County 0
 (STATE OR COUNTRY) Missouri 9

FATHER 13. NAME Richard Parks
 14. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Jane Matthews
 16. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Missouri

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1937, to May 1, 1938
 I last saw her alive on May 1, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion 12/17/37
 (hypertension)

Other contributory causes of importance: arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Chinoid 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) W. B. Spitzer, M. D.
 (Address) Chillicothe, Mo.

17. INFORMANT Ruth Ireland
 (ADDRESS) Mooresville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mooresville DATE 5-11, 1938

19. FUNERAL DIRECTOR F. B. Norman
 (ADDRESS) Chillicothe, Mo.

20. FILED May 11, 1938 Hazel Stanger
 Local Registrar. 457

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, E. R. Norman, Licensed Embalmer No. 2374

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

L. E.

No. or by Elton F. Norman, Registered Apprentice No. 79

working under my personal supervision.

Signed ER Norman

Licensed Embalmer No. 2374

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.)