

REG'D JUN 17 1938

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

18976  
Do not use this space.

## 1. PLACE OF DEATH

- (a) County New Madrid, Mo. Registration District No. 607  
(b) Township Portage Primary Registration District No. 4361  
(c) City Portageville, Mo. (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

- MARY ENOLA WELLS - 14 BARHAM 650  
(a) Residence, No. PORTAGEVILLE, MISSOURI 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) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 16 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
5 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.   
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  0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PORTAGEVILLE, Mo.

FATHER 13. NAME EARNEST RICHARD BARHAM  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LAKE COUNTY, TENN.

MOTHER 15. MAIDEN NAME MODEST OTHENA RONE  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HAYWARD, Mo. PEMISCOT COUNTY.

17. INFORMANT (ADDRESS) JAMES FRANKLIN BARHAM  
PORTAGEVILLE, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE PORTAGEVILLE, Mo. DATE MAY 30<sup>th</sup> 3819. FUNERAL DIRECTOR (ADDRESS) R.M. Baym  
Portageville20. FILED 6-5 19 38 Mary W. Cook  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 28, 38 19

22. I HEREBY CERTIFY, That I attended deceased from May, 26, 38, 19, to May 28, 38, 19.  
I last saw her alive on May, 27, 38, 19. Death is said to have occurred on the date stated above, at 15 A.M.  
The principal cause of death and related causes of importance were as follows:

Enterocolitis May, 24, 38 Date of onset

Other contributory causes of importance: NO

Name of operation None 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? NO  
If so, specify \_\_\_\_\_  
(Signed) G. A. Yeager, M. D.

(Address) Portageville, Mo. 535

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

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

..... 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.)**