

REC'D JUN 17 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Saline

Township

City Marshall

(No. \_\_\_\_\_)

Registration District No. 796Primary Registration District No. 3038File No. 19626Registered No. 91St. Mo.

Ward

2. FULL NAME Mrs. Mollie Deibel(a) Residence, No. SlaterNo. 140

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

Wh.

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFChas. Deibel

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 22 1871

## 7. AGE

66

YEARS

MONTHS

10

DAYS

9If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Home9. Industry or business in which  
work was done, as silk mill,  
saw mill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mo.

## 13. NAME

George Carr14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.

## 15. MAIDEN NAME

Ann Brummit16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Tenn.

## 17. INFORMANT

Mrs. Jerome Smith

(ADDRESS)

Slater, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Slater Mo.

DATE

6/4/1938

## 19. UNDERTAKER

(ADDRESS)

Hill BrothersSlater, Mo.

## 20. FILED

6-3-38

19

Mary Kent  
Deibel  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-31, 1938

## 22. I HEREBY CERTIFY, That I attended deceased from

2-10-38

to

5-31-, 1938

I last saw him alive on

5-31-1938

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:

acute myocarditisDate of post-  
5-28-38

Other contributory causes of importance:

Pulmonary Emphysema ✓ 10-15-37

Name of operation

rib resection

Date of

5-26-38

What test confirmed diagnosis?

chest x-rayWas there an autopsy? No

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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

non

Nature of injury

non24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

M. E. Lathrop, M. D.

(Address)

Slater, Mo.

APR 2 1954

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

19626  
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. ....  
 (c) City Marshall (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 Mollie Deibel

(a) 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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 10 9

OCCUPATION 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 ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1938

22. I HEREBY CERTIFY, That I attended deceased from

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:

Acute Myo Carditis Date of onset

Pulmonary Embolism

Ch. Inf.

Myo. Diagno. Ch. Inf.

NOI

22h

Name of operation Rib Resection 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) W. E. Lockwood M. D.

(Address) Slater

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Exact statement of OCCURRENCE is very important.

