

DEC'D AUG 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

24700

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 174
 (c) City Columbia (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 ELLEN PALMER 714 LYONS Mo. 456
 (a) Residence, No. _____ St. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 1857

7. AGE YEARS 81 MONTHS 3 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) Baton Rouge (STATE OR COUNTRY) La.

13. NAME Leonard Singleton

14. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabeth Rowland

16. BIRTHPLACE (CITY OR TOWN) Boone Co (STATE OR COUNTRY) Mo

17. INFORMANT L. E. Phillips (ADDRESS) SLATER Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE OAKLAND Cem DATE July 31, 1938

19. FUNERAL DIRECTOR R. O. Willett (ADDRESS) Columbia, Mo

20. FILED 8/11 1938 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1938, to 7-30, 1938

I last saw him alive on 11-30, 1938 Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Cerebral Hemorrhage Date of onset 1-17-38

Other contributory causes of importance: High B.P. No other

Name of operation None Date of _____
 What test confirmed diagnosis? None Was 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. Mo

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify _____ (Signed) W. P. Dyson, M. D.

74 (Address) Columbia, 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, Lynwood H. Sprinkle, Licensed Embalmer No. 4013,
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Antenally & Co.

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Lynwood H. Sprinkle
Licensed Embalmer No. 4013

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.)