

REC'D AUG 24 1936

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

25213

Do not use this space.

## 1. PLACE OF DEATH

(a) County Deer Registration District No. 266  
(b) Township Spring Creek Primary Registration District No. 5870 Registered No. 46  
(c) City..... (d) Street No.....  
(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

Rebecca Melissa Medlock  
(a) Residence, No. Deer Co. 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) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James R. Medlock  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15 - 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
78 5 13

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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo.

FATHER 13. NAME Aaron Parcell  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co. Mo.

MOTHER 15. MAIDEN NAME Elizabeth McHenry  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Etta Kaiser

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE July 11, 1936

19. FUNERAL DIRECTOR (ADDRESS) J. Carl Spencer  
Salem, Mo.

20. FILED July 11, 1936 A. S. Smith, M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1936

22. I HEREBY CERTIFY, that I attended deceased from July 1, 1935 to July 9, 1936.  
I last saw him alive on July 8, 1935. Death is said to have occurred on the date stated above, at 6:30 pm.  
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset Unknown

Other contributory causes of importance:

Myocarditis

Name of operation none Date of —  
What test confirmed diagnosis? Smear 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? not  
If so, specify —  
(Signed) E. J. Goff, M. D.  
(Address) Salem, Mo.

STATEMENT BY LICENSED EMBALMER

I, Carl K. Spencer, Licensed Embalmer No. 2370  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself  
L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed Carl K. Spencer  
Licensed Embalmer No. 2370

**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.)**