

AUG 25

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25845
Do not use this space.

1. PLACE OF DEATH
 (a) County Livingston Registration District No. 508
 (b) Township Chillicothe Primary Registration District No. 5179 3026 Registered No. 265
 (c) City Chillicothe (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 Julia Gregg Withrow 360
 (a) Residence, No. 11421 W. Calhoun St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-30-1859

7. AGE YEARS 79 MONTHS 1 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Livingston Co Mo (STATE OR COUNTRY) Mo

FATHER 13. NAME Jeptha Gregg
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 1

MOTHER 15. MAIDEN NAME Eusin Powell
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 1

17. INFORMANT (ADDRESS) W. C. Gregg Chillicothe Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE 7-30 1938

19. FUNERAL DIRECTOR (ADDRESS) Wells Funeral Home Chillicothe Mo

20. FILED 7/30 1938 Local M. Dowell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 28, 1938. I last saw her alive on July 26, 1938. Death is said to have occurred on the date stated above, at 10.00 a.m. The principal cause of death and related causes of importance were as follows:
Diabetes mellitus
Carcinoma of liver
Hb Es

Other contributory causes of importance: _____

Name of operation _____ 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) H. S. Dowell, M. D.
 (Address) Chillicothe Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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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.)