

REV. AUG 1 1938

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

25913
Do not use this space.

1. PLACE OF DEATH
 (a) County Merced Registration District No. 556
 (b) Township Morgan Primary Registration District No. 5750 Registered No. 40
 (c) City _____ (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 Ethel Neuford
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Issac Neuford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15, 1877
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 10 17
 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) (STATE OR COUNTRY) Ms. 54
 13. NAME Wm. Nordyke 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 0
 15. MAIDEN NAME Covey
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ms.

17. INFORMANT Issac Neuford
 (ADDRESS) Sanctuary
 18. BURIAL, CREMATION, OR REMOVAL PLACE Line 6th DATE Aug 3
 19. FUNERAL DIRECTOR Noel Moss
 (ADDRESS) Princeton, Mo.
 20. FILED 8/6 19 38 J.M. Ruby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2 19 38
 22. I HEREBY CERTIFY, That I attended deceased from June 27 19 38 to August 2 19 38
 I last saw her alive on August 2 19 38 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus, severe.
Pyelonephrosis, ascending infection
3. Severe hemorrhage, gastric ulcer, either an old latent which had never given symptoms of a new metastases from an infected embolus with rapid necrosis.
 Other contributory causes of importance:
Autopsy refused.
 Name of operation None Date of _____
 What test confirmed diagnosis? Laboratory Was there an autopsy? No
Physical
 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) A.S. Bristow, A.S. Bristow M. D.
 (Address) Bristow Bldg.
Princeton, Mo.

Urb. onset
40 days.
48 hours

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.

59
Rm 4/59

STATEMENT BY LICENSED EMBALMER

I, Noel Mass, Licensed Embalmer No. 2634
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Noel Mass
Licensed Embalmer No. 2634

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.)