

1938 AUG 26

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

26729
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Center Primary Registration District No. 3039 Registered No. 183
(c) City Nevada (d) Street No. Nevada City Hospital 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. 2 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Melba Jean Reisley 240

(a) Residence, No. 918 W. Arch 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 Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Nevada, Missouri

13. NAME Ray F. Reisley

14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Sheldon, Missouri

15. MAIDEN NAME Emily Olive Rich

16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) Shell City, Missouri

17. INFORMANT Ray F. Reisley (ADDRESS) Nevada, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cemetery DATE July 20, 1938

19. FUNERAL DIRECTOR Ferry Funeral Home (ADDRESS) Nevada, Missouri

20. FILED 7-22, 1938 Allen V. Stage Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Birth 7-17, 1938 to July 19, 1938
I last saw her alive on July 18, 1938. Death is said to have occurred on the date stated above, at 4:10 AM.
The principal cause of death and related causes of importance were as follows:

Hemorrhagic disease of the new-born (Gastric hemorrhage)
Date of onset 7-18-38

Other contributory causes of importance: 161A Eclampsic mother

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) [Signature], M. D.
(Address) Nevada, 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, Lloyd R. Winscott, Licensed Embalmer No. 3857

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

Lloyd R. Winscott

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.)