

REC'D SEP 28 1938

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

29915
Do not use this space.

1. PLACE OF DEATH *St. Francois* ⁷
 (a) County: *St. Francois* Registration District No. *33*
 (b) Township: *Randolph* Primary Registration District No. *6024B*
 (c) City: *Leadwood* (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 *Margaret Ann Valle* ⁴⁰⁷
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 22 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *retired*

9. Industry or business in which work was done, as saw mill, bank, etc. *retired*

10. Date deceased last worked at this occupation (month and year) *Jan 1933* 11. Total time (years) spent in this occupation *5 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

FATHER 13. NAME *Marion Foshee*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

MOTHER 15. MAIDEN NAME *Catherine Blay*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *MO*

17. INFORMANT (ADDRESS) *Charles Gibson Leadwood mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Casket Chapel* DATE *Aug 24 1938*

19. FUNERAL DIRECTOR (ADDRESS) *John Boyer Gibson Leadwood mo*

20. FILED *9/10* 19 *38* *W. E. Aubuchon* Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 21 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 17 1938*, to *Aug 21 1938*
 I last saw her alive on *Aug 21 1938*. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Chronic Glomerulonephritis Date of onset *not known*
Uremia
Hypertensive Cardiovascular disease
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? *none* 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? *no*
 If so, specify _____ (Signed) *John W. Hunt*, M. D.
Leadwood mo

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,, 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 *Bert L. Boyer*

Licensed Embalmer No. *3448*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)