OCT 25 1938

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

32821
Do not use this space.

2

1. PLACE OF DEATH
(a) County Monroe 1 Registration District No. 581
(b) Township Primary Registration District No. 4343. Registered No. 25
(c) City Monroe 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 Marvel Louise Tuley - 4 C D
(a) Residence, No. 601 second St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

59
3
0

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 Corder E. Tuley -
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17-1897
7. AGE: YEARS 40 MONTHS 8 DAYS 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc. Own Home.
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) New London. Iowa.

FATHER
13. NAME Elias E. DeLashmutt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington Iowa.

MOTHER
15. MAIDEN NAME Nellie Mae Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Iowa.

17. INFORMANT (ADDRESS) Corder Everett Tuley Palmyra Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE St Judes Gemel DATE Sept. 3rd 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wil Jonason Monroe City Mo
20. FILED Sept 2 1938 W D Pipkin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1st 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 12th 1938, to Aug 31st 1938
I last saw her alive on Aug 31st 1938. Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Valvular heart disease.	1930
66	
Other contributory causes of importance:	
Hyperthyroidation	1921

Name of operation None Date of —
What test confirmed diagnosis? Clinical 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) W D Pipkin, M. D.
(Address) Monroe City 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.

RECEIVED
District Health Officer No. 10
District File Number 10-38-304
Date Filed 10-2-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City Mo

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

If this body is not embalmed, above space should be left blank.