

NOV 21 1938

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

34986
Do not use this space.

1. PLACE OF DEATH

(a) County Audrain Registration District No. 26
 (b) Township Settlers Primary Registration District No. 3002 Registered No. 131
 (c) City Mexico, Mo. (d) Street No. Audrain Co 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Myrtle Poston
 (a) Residence, No. _____ St. Big Springs Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Williard Poston
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1896
 7. AGE YEARS 42 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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) Big Springs (STATE OR COUNTRY) Missouri
 FATHER 13. NAME Joseph Marion Thurner
 14. BIRTHPLACE (CITY OR TOWN) New Florence (STATE OR COUNTRY) Missouri
 MOTHER 15. MAIDEN NAME Belle Godly
 16. BIRTHPLACE (CITY OR TOWN) Big Springs (STATE OR COUNTRY) Missouri
 17. INFORMANT Williard Poston (ADDRESS) Big Springs, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Big Springs, Mo DATE 10/11/1938
 19. FUNERAL DIRECTOR (NAME) Barton Baber (ADDRESS) Ameritus Mo
 20. FILED Oct 9 - 1938 Blanche Neely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-1938
 22. I HEREBY CERTIFY, That I attended deceased from 10-8-1938 to 10-9-1938
 I last saw her alive on 10-9-1938. Death is said to have occurred on the date stated above, at 10:15 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral embolus.
g & p
 Other contributory causes of importance:
Acute cholecystitis
 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) Frank Perry, M. D.
Mexico, 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.

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RECEIVED

District Health Officer No. 10
District Health Officer No. 10

District File Number 70-38-440

Date Filed 11-10-38

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

Licensed Embalmer No.

P. O. Address

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.)

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