

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

Do not use this space.

35598

NOV 21 1938

**1. PLACE OF DEATH**

35 County Dunklin Registration District No. 283  
 Township Buffalo Primary Registration District No. 5402  
 City Cardwell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

624 Mary Geneva Myracle  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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 Lawrence Washington Myracle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4<sup>th</sup> 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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

10. Date deceased last worked at this occupation (month and year) Sept. 1934 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons, Tenn.

13. NAME James Jennings

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons, Tenn.

15. MAIDEN NAME Elizabeth Ann Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parsons, Tenn.

17. INFORMANT Ruby Collins, Bragg City, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardwell Cemetery DATE 9-18-38

19. UNDERTAKER A. E. Emerson (ADDRESS) Cardwell, Mo.

20. FILED 11-A W. Newsom Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17<sup>th</sup> 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9<sup>th</sup> 1938, to Sept. 16<sup>th</sup> 1938

I last saw her alive on Sept. 16<sup>th</sup> 1938. Death is said to have occurred on the date stated above, at 7:10 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset 9/9/38  
Terminal hypostatic Broncho-Pneumonia 9/14/38

Other contributory causes of importance:  
Terminal hypostatic Broncho-Pneumonia

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) Wallace A. Selsby, M. D.  
Cardwell, Mo. (Address)

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.

