

DEC 1 2 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

38582

Do not use this space.

1. PLACE OF DEATH
 (a) County Boone Registration District No. 78
 (b) Township Missouri Primary Registration District No. 4046
 (c) City Rocheport (d) Street No. Rocheport, Mo. Registered No. 11
 (If death occurred in hospital or institution, write its name instead of street and number) St.
 (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.
 524 Mary Haines Angell
 2. PRINT FULL NAME
 (a) Residence, No. Rocheport, Mo. St. ☐ (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 W. E. Angell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 20, 1879
 7. AGE YEARS 58 MONTHS 11 DAYS 21 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Howard Co.
 (STATE OR COUNTRY)

13. NAME Mrs. Haines
 14. BIRTHPLACE (CITY OR TOWN) Howard Co.
 (STATE OR COUNTRY)

15. MAIDEN NAME Louisa Stafford
 16. BIRTHPLACE (CITY OR TOWN) Howard Co.
 (STATE OR COUNTRY)

17. INFORMANT Mrs. W. E. Angell
 (ADDRESS) Rocheport, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus Cmt. DATE 11-25-38

19. FUNERAL DIRECTOR Parkers
 (ADDRESS) Columbus Mo.

20. FILED 12-10-38 Mary M. Angell
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 8:30 a.m.

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

Date of onset

(Accident) shot by his grand son Billie Angell jr. (seven years old)

Other contributory causes of importance: 184

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Nov 22, 1938

Where did injury occur? W. E. Angell's property
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury gun shot wound

Nature of injury in stomach

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) M. J. Jackson M.D.

(Address) 11954

STATEMENT BY LICENSED EMBALMER

I, M. D. Whitman, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by M. D. Whitman

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

M. D. Whitman

Licensed Embalmer No. 3893

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.)