

MOISS, JAN 20 1939

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

43668
Do not use this space.

1. PLACE OF DEATH *Linn*
 (a) County *Linn* Registration District No. *494*
 (b) Township *Brookfield* Primary Registration District No. *3025* Registered No. *91*
 (c) City *Brookfield* (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. *8* mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *DOROTHY OTELIA THURLO*
 (a) Residence, No. *120 Beverly* St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mason Thurlo.*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 20, 1907*
 7. AGE YEARS *36* MONTHS *8* DAYS *27* If LESS than 1 day, _____ hrs. or _____ min.

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) *Aug. 1938* 11. Total time (years) spent in this occupation *18*

12. BIRTHPLACE (CITY OR TOWN) *Sullivan County*
 (STATE OR COUNTRY) *Missouri*

13. NAME *Unknown*
 14. BIRTHPLACE (CITY OR TOWN) *Unknown*
 (STATE OR COUNTRY) *9*

15. MAIDEN NAME *Hertie Morris*
 16. BIRTHPLACE (CITY OR TOWN) *Sullivan Co.*
 (STATE OR COUNTRY) *Missouri*

17. INFORMANT *Mrs. C. C. Moore*
 (ADDRESS) *Brookfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Holland Cem, Browning, Mo.* DATE *Dec. 19, 1938*

19. FUNERAL DIRECTOR *Rusk Funeral Home*
 (ADDRESS) *Brookfield, Mo.*

20. FILED *Jan 1, 1939* *J. W. H. Lusk*
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 17, 1938*
 22. I HEREBY CERTIFY, That I attended deceased from *Dec 8, 1938* to *Dec 17, 1938*
 I last saw her alive on *Dec 17, 1938* Death is said to have occurred on the date stated above, at *10:40 P.*
 The principal cause of death and related causes of importance were as follows:

Unknown Tuberculosis - Jan 1898
22
 Other contributory causes of importance:
Stenocardia - 12/12/38

Name of operation _____ Date of _____
 What test confirmed diagnosis *untreated* as 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) *Dorothy Lusk*, M. D.
 (Address) *Brookfield*

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 10-38-883

Date Filed 1/12/39

STATEMENT BY LICENSED EMBALMER

I, H. B. Wright, Licensed Embalmer No. 3718

hereby certify that the body recorded on the reverse side of this certificate was embalmed by H. B. Wright

..... L. E. No. 3718 or by Registered Apprentice No.
working under my personal supervision.

Signed H. B. Wright
Licensed Embalmer No. 3718

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.)