Dr Chap

JAN 24 1938

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

44035
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot 2 Registration District No. 656
(b) Township Cooter Primary Registration District No. 5872 Registered No.
(c) City Cooter (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. 3 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

435

2. PRINT FULL NAME Zola Mae Milton
(a) Residence, No. Cooter 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: Johnnie Milton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 2.1917

7. AGE: YEARS 21 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House keeper
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) (STATE OR COUNTRY): Finger Tenn

FATHER
13. NAME: Bob Plunk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Finger Tenn

MOTHER
15. MAIDEN NAME: Maggie Barns
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Finger Tenn

17. INFORMANT (ADDRESS): Johnnie Milton Cooter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible] DATE Dec 21. 1938

19. FUNERAL DIRECTOR (ADDRESS): German Undt Co, Steele, Mo. 588

20. FILED 1-7 1938 Tom Brigance Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 20.38 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 19, to —, 1938
I last saw her alive on Dec 10, 1938. Death is said to have occurred on the date stated above, at 4:00 A.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Infection after delivery and possible thrombus

Other contributory causes of importance: 14 5

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? — 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?
If so, specify
(Signed) J. R. Chapman, M. D.
(Address) Steele 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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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OCT 17 1950

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)