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.

REC'D JAN 25 1939

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

44072
Do not use this space.

1. PLACE OF DEATH
(a) County Perry 2 Registration District No. 660
(b) Township Central 1 Primary Registration District No. 5878 Registered No.
(c) City (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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 651 AMELIA MORANVILLE
(a) Residence, No. Perryville 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nerius Moranville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1864

7. AGE: YEARS 74 MONTHS 0 DAYS 14 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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): Perry Co, Mo. 0

FATHER
13. NAME: John Miles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co, Mo. 0

MOTHER
15. MAIDEN NAME: Thresa Milfelt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co, Mo. 0

17. INFORMANT (ADDRESS): Mrs Alphonse Besand Perryville

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem. DATE Dec. 10, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Bey Funeral Home Perryville Mo.

20. FILED Dec 9 1938 Jos J Zoellner Local Registrar. 595

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8 1938, 19

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

Date of onset

Found dead, appearance indicated chronic nephritis withh heart failure

Other contributory causes of importance: 131

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Jos H Bailey Coroner, M. D.
(Address) Perryville

(Licensed Embalmer's Statement on Reverse Side)

## 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.....Albert Bey.....

Licensed Embalmer No.....3866.....

P. O. Address.....Perryville, Mo.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)**

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