

JAN 18 1938

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

Do not use this space.

1. PLACE OF DEATH

30 County Pettis Registration District No. 665
Township Houstonia Primary Registration District No. 5885
City (No. _____) _____ St. _____ Ward _____

File No. 44118

Registered No. _____

2. FULL NAME

(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 1 yrs. 7 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 Everest C Miner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
57 8 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Nov 1938 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmonton, Kentucky

FATHER 13. NAME George F. Cuybank

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin, Kentucky

MOTHER 15. MAIDEN NAME Leudemie Dapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Eighty Eight, Kentucky

17. INFORMANT (ADDRESS) Everest C Miner, Houstonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Kay DATE Dec 5, 1938

19. UNDERTAKER (ADDRESS) W C Westbrook, Houstonia, Mo.

20. FILED Jan 6, 1939 Mrs. J. B. Wershey Registrar 602

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-30-1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1938, to Aug 21, 1938. I last saw her alive on Aug 21, 1938. Death is said to have occurred on the date stated above, at 11 P. m. The principal cause of death and related causes of importance were as follows:

Died in her sleep
"Heart failure" due to
Rheumatoidism. Probably
Other contributory causes of importance:
Thyroid involvement
66 lbs

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

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) C. L. Parkhurst, M. D.
(Address) Houstonia, Mo.

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. 8,

District File Number

1/10/39

Date Filed