

DEC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Benton
City Richsville

Registration District No. 4
Primary Registration District No. 5005

File No. 1453
Registered No. 19

2. FULL NAME

(a) Residence, No. Richsville R.R. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ora S. Loch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12 - 1911</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>3</u>
	DAYS <u>13</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
	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) <u>1 - 24 - 1939</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Missouri</u>		
MOTHER	13. NAME <u>Fred Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co. Missouri</u>	
	15. MAIDEN NAME <u>Hettie Marke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Adair Co Missouri</u>	
17. INFORMANT <u>Ora S. Loch</u> (ADDRESS) <u>Richsville R.R. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hazel Creek Cem</u> DATE <u>1 - 27 - 39</u>		
19. UNDERTAKER <u>DeRiley Funeral Home</u> (ADDRESS) <u>Richsville Mo.</u>		
20. FILED <u>Jan 26, 1939</u> <u>Spencer L. Freeman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

I HEREBY CERTIFY, That I attended deceased from Jan 24, 1939, to Jan 25, 1939.

I last saw her alive on Jan 25, 1939. Death is said

to have occurred on the date stated above, at 1:30 A.M.

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

Encephalitis (Brain)
or Cerebral

Date of onset
1/25/39

Other contributory causes of importance:
Probably pelvic origin
large toxic goiter

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 _____, 1939

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) E. L. Martin D.O. M.D.

(Address) Richsville, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-39-14

Date Filed FEB 9 1939