

RECORDED FEB 6 1939

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

1459
Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 13
(b) Township WPAWAHA Primary Registration District No. 4010 Registered No. _____
(c) City SAVANNAH (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS MARY VIOLET BLACK

(a) Residence, No. 101 E PEARL 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HOMER E BLACK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-4-1863
7. AGE YEARS 75 MONTHS 7 DAYS 14 If LESS than 1 day,hrs. ormin.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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 1

12. BIRTHPLACE (CITY OR TOWN) PRINCETON (STATE OR COUNTRY) ILL

FATHER 13. NAME JAMES S. SCOTT

14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) OHIO

MOTHER 15. MAIDEN NAME CHARLOTTE HANNERS

16. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MISS HELEN BLACK (ADDRESS) SAVANNAH MO

18. BURIAL, CREMATION, OR REMOVAL PLACE KING CITY MO DATE 1-20-1939

19. FUNERAL DIRECTOR J. ERIC TERHUNE (ADDRESS) SAVANNAH MO

20. FILED Jan 18 1939 Mrs A R King Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1939

22. I HEREBY CERTIFY That I attended deceased from Nov 2, 1938 to Jan 17, 1939
I last saw her alive on Jan 17, 1939. Death is said to have occurred on the date stated above, at 5:25 PM.
The principal cause of death and related causes of importance were as follows:

Chronic Myocardial degeneration & decompensation.

Other contributory causes of importance: 59
Myiabele miltaria
nephrosclerosis
Chronic Pancreatic Congestive Jaundice
Name of operation none 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? No
If so, specify _____
(Signed) Gilbert B. Kelley, M. D.
(Address) Savannah 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.

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turkum, Licensed Embalmer No. 1279

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

J. Fred Turkum

Licensed Embalmer No. 1279

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.)