

REC'D FEB 11 1939

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

2364  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Greene Registration District No. 925  
 (b) Township Craig Primary Registration District No. 5451 Registered No. 42  
 (c) City Cave Springs (d) Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence to city or town where death occurred yrs. mo. ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 324 Mary Amelia Mitchell 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 Marion Mitchell  
deceased Widow  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 17 - 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 9 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) Greene County Missouri

FATHER 13. NAME Stephen Allan  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga.

MOTHER 15. MAIDEN NAME Narcissus Perley  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Charles Allan  
 (ADDRESS) Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Springs DATE Jan 4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ben H. Hester  
anson

20. FILED 1-9 1939 Esther McColure  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 2 1939

22. I HEREBY CERTIFY That I attended deceased from 12-22- 1938 to 1-2- 1939

I last saw her alive on 1-1- 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:

Myocarditis

Date of onset  
1902

93C

Other contributory causes of importance:

Bronchitis

1938

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? no

If so, specify \_\_\_\_\_

(Signed) D. J. Miller M. D.

(Address) Paris, Mo.

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

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