

REC'D FEB 25 1939

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

See also 3430-39
Do not use this space.
Am 4
345839

1. PLACE OF DEATH

County Putnam Registration District No. 619

Township Putnam Primary Registration District No. 415

City Seaside (No. 309 E Jefferson)

File No. 12
Registered No. 668
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 309 E Jefferson 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 7 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 6 -

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

13. NAME J. Melton Turner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis O

15. MAIDEN NAME Ella D. Burton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Mrs Williett Wellam (ADDRESS) Birmingham Wash

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Jan 16 - 1939

19. UNDERTAKER Eric Alexander (ADDRESS) Seaside

20. FILED 1-4 1939 Mrs Harry Sneed Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-9-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-29-1938 to 1-9-1939

I last saw her alive on 1-9-1939. Death is said to have occurred on the date stated above, at 10 P. m.

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

Cortic insufficiency

Date of onset

Other contributory causes of importance: The chronic nephritis

Name of operation not given Date of _____
What test confirmed diagnosis? Cholesterol 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) A. R. Maddox, M. D.

(Address) 116 1/2 W. Main

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

1/8/39

Date Filed