

DEC 17 1939

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

7060
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486
(b) Township Elsterny Primary Registration District No. 4293
(c) City Elsterny (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 7

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Mary James Cox

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6 - 1856
7. AGE YEARS 83 MONTHS — DAYS — If LESS than 1 day, _____ hrs. or _____ min.

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. House wif
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wagon Elsterny (STATE OR COUNTRY) Mo

13. NAME James Duckett
14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elizabth Martin
16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT W. V. Cox (ADDRESS) Elsterny Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Elsterny DATE Feb 7 1939

19. FUNERAL DIRECTOR (NAME) W. B. Bradley (ADDRESS) Elsterny

20. FILED 3-10 1939 Etta Powell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-25-1939 to 2-5-1939

I last saw him alive on 2-5-1939. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

terminal Pneumonia
following streptococcal
infection

Other contributory causes of importance:
Cardio-vascular; 24
non-arteriosclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? renal Was there an autopsy? N

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? N
If so, specify _____
(Signed) W. V. Cox M. D.
(Address) Elsterny Mo

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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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.