

MAR 17 1939

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

7140
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 238
(b) Township Liberty Primary Registration District No. 5720 Registered No. 13
(c) City (d) Street No.
(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.

2. PRINT FULL NAME

(a) Residence, No. St. (If nonresident, give city or town and State)
730 Clara Mills

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 Tom Mills

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1889

7. AGE YEARS 49 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Pilot Knob (STATE OR COUNTRY) Missouri

FATHER 13. NAME Herman Jankey

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Missie ?

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

17. INFORMANT Clara Mills (ADDRESS) Summit Mo

18. BURIAL, CREMATION, OR REMOVAL Marble Creek Iron Co DATE Feb 14 39

19. FUNERAL DIRECTOR (NAME) None (ADDRESS)

20. FILED Feb 14 1939 S. C. Slaughter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13 1939

22. I HEREBY CERTIFY, That I attended deceased from 1 a attending physician
I last saw him alive on 19 Death is as to have occurred on the date stated above, at 4:00 A. m.
The principal cause of death and related causes of importance were as follows:

Cocaine of stomach
Hb
Date of onset

Other contributory causes of importance:
Operated from Hospital

Name of operation unknown Date of 1939
What test confirmed diagnosis? Was there an autopsy?

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) S. C. Slaughter M. D.
(Address) Fredricksburg Mo

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

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.