

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

RECD MAR 17 1939

7304
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 1.04
 (b) Township New Madrid Primary Registration District No. 5.02
 (c) City Newman, Mo. (d) Street No. _____ St. _____
 (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. 633 Leccinda 12 year St. (If nonresident, give city or town and State)
Newman, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 - 1857
 7. AGE YEARS 82 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. Wash
 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) (STATE OR COUNTRY) Indiana, Ind.

FATHER 13. NAME ? Hest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind.

MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT Mrs. Dora Graham (ADDRESS) Sikeston, Mo.

18. BURIAL, CREMATION, OR REMOVAL maimed etc. PLACE Sikeston, Mo. DATE Feb 15, 1939

19. FUNERAL DIRECTOR (NAME) Arden Ellis (ADDRESS) Sikeston, Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1939, to _____, 19____.
 I last saw him alive on 2-12, 1939. Death is said to have occurred on the date stated above, at 2 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis and Pulmonary Edema Date of onset _____
Old age
 Other contributory causes of importance: _____

Name of operation _____ Date of _____
 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) Michael _____
 (Address) Sikeston _____

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

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, Feb 14 -

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3869

P. O. Address Sikeston, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7304
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604
(b) Township New Madrid Primary Registration District No. 3802 Registered No.
(c) City (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.

2. PRINT FULL NAME Lucinda Byers

(a) Residence, No. Kennett Mo St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14-1937

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

22. I HEREBY CERTIFY, That I attended deceased from 2-5-1937 to 2-12-1937, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4 1857

I last saw h. alive on 2-12-1937 Death is said to have occurred on the date stated above, at 2 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 10

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

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

Chronic Myo Carditis
Pulmonary Edema
Old age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis Ind

FATHER 13. NAME Hurat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Wink

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

17. INFORMANT (ADDRESS) Mrs. Dig. Graham

18. BURIAL, CREMATION, OR REMOVAL Seleston Mo DATE 2-15-1937

19. FUNERAL DIRECTOR (ADDRESS) Wm O'Bannon

20. FILED 1/18/39 Wm O'Bannon Local Registrar

Name of operation Date of
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) Mc Mill M. D.
Seleston Mo (Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

