

REGD MAR 21 1939

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

7340
Do not use this space.

1. PLACE OF DEATH

Newton
(a) County Registration District No. 612
(b) Township VAN BUREN Primary Registration District No. 5-8-14
(c) City (d) Street No. Registered 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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

Margarete Ann Priest
Wentworth, Missouri RR 1
(a) Residence, No. St. (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) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 23, 1869
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 2 3

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. Housekeeper
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) Delaware County Indiana

13. NAME Mark Priest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

15. MAIDEN NAME Mary Elizabeth Cuningham
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT (ADDRESS) M. J. Hannon Wentworth, Missouri RR 1

18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE VanBuren Cemetery February 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Steve Cole Sarcoux, Missouri

20. FILED 2-28-39 Grace Hudson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 26 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15 1939 to Feb. 26 1939
I last saw h. or alive on Feb. 15 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:

Diabetes

59

Date of onset

Other contributory causes of importance:

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) R. P. Chatham, M. D.

Diamond mo

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. 6,

District File Number 6-39-522

Date Filed MAR 8 1939

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,

Glen C. Cale

, or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Glen C. Cale

Licensed Embalmer No. 3708

P. O. Address Sarcoxie, Missouri

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.