

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

7357
Do not use this space

DEC 21 1939

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 625
 (b) Township _____ Primary Registration District No. 3031 Registered No. 20
 (c) City Maryville (d) Street No. St. Francis Hospital 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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Birkenholz
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1904
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 7 11
 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) (STATE OR COUNTRY) Parnell Mo.

FATHER 13. NAME Ellis J. Lyle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell Mo.

MOTHER 15. MAIDEN NAME Mary Gladstone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sentry Co. Mo.

17. INFORMANT (ADDRESS) Tom Birkenholz Parnell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell Mo. DATE Mar. 2 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED Mar 2 1939 Mamie E. Clardy Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 2, 1938 to 2-26, 1939
 I last saw her alive on 2-26, 1938. Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Measles Septicemia
 14 1/2 yr
 Date of onset 3 wks 3 wks

Other contributory causes of importance: _____

Name of operation Cosceyan Suction Date of 2-5-39
 What test confirmed diagnosis? Lab. 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 no
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. B. Jones, M. D.
 (Address) Cosceyan Suction

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. 11,

District File Number 11-39-142

Date Filed MAR 11 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,

John W. Price

, or by

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

Signed

John W. Price

Licensed Embalmer No. 3229

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.