

REC'D MAR 21 1939

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

See also 11823-39

7415  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Pemiscott Registration District No. 1099  
 (b) Township Wardell Primary Registration District No. 5868 Registered No. \_\_\_\_\_  
 (c) City Neer-Wardell or \_\_\_\_\_ (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

3644 Leona Kittrell  
 (a) Residence, No. Wardell, Mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
42

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife  
 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) Miss13. NAME Nancy Jackson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss15. MAIDEN NAME Martina Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss17. INFORMANT (ADDRESS) Nathan Kittrell  
Wardell Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell Mo DATE Jan 23, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) German Burial Ass  
Wardell Mo20. FILED 2 28 39 J. A. Casey Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 22, 39, 1922. I HEREBY CERTIFY, That I attended deceased from Jan. 21, 39 only, 19I last saw her alive on Jan. 21, 39, 19. Death is said to have occurred on the date stated above, at 6 P. m.

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

Pulmonary Tuberculosis Date of onset  
Sick about a yr.Other contributory causes of importance:  
Immediate cause was a profuse hemorrhageName of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No23. 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) A. A. Tucker M. D.  
Portageville, Mo (Address) 591

(Licensed Embalmer's Statement on Reverse Side)

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. 3,

District File Number 39-184

Date Filed 3/2/39

**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.**