

REC'D MAR 15 1939

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

7536  
Do not use this space.

1. PLACE OF DEATH *Polk 2*
- (a) County..... *Polk* ..... Registration District No. *701*
- (b) Township..... *1* ..... Primary Registration District No. *4422* ..... Registered No. *11*
- (c) City..... *Bolivar* ..... (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) 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 *Lintha Mary Everly*
- (a) Residence, No. *164* ..... (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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John Everly*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May-7-1865*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 73 9 50*
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Nurse*
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) *Ill 1*

- FATHER 13. NAME *Daniel Oldham*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn 1*

- MOTHER 15. MAIDEN NAME *Mahaga Sims*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Inde*

17. INFORMANT (ADDRESS) *Max W. Smith*

18. BURIAL, CREMATION OR REMOVAL PLACE DATE *Haltown Tenn 37*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hutchison - Blue Bolivar Mo*

20. FILED *2-28 1939* *J. J. Roberts* Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 28 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 26 1939* to *Feb 28 1939*

I last saw him alive on *Feb 28 1939* Death is said

to have occurred on the date stated above, at *2:30 pm*.

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

*Lobar Pneumonia*

Date of onset

*Feb 21*

Other contributory causes of importance: *108*

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? *no*

If so, specify

(Signed) *Doy C. Belknap* M. D.

630 (Address) *Bolivar Mo*

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-468  
Date Filed 3-14-39

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**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 conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**