

REC'D MAR 20 1939

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

7581  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. Y 33  
 (b) Township Huntsville Primary Registration District No. 44.88 Registered No. \_\_\_\_\_  
 (c) City Huntsville (d) Street No. \_\_\_\_\_  
 (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

140 Leona Thevil  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1864  
 7. AGE YEARS 74 MONTHS 9 DAYS 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 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. Housewife  
 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) France

FATHER 13. NAME Louis Couvry

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mr Leo Thevil  
moberly mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly DATE Feb 16, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tom B Patton  
Huntsville mo

20. FILED Mar-1- 1939 Mrs D. B. Burkhardt  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1939, to Feb 22, 1939  
 I last saw h. alive on Feb 22, 1939. Death is said to have occurred on the date stated above, at 12.15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Pneumonia - l. lower lobe Date of onset Feb 15, 1939  
also myocarditis D.K.  
also Bright's disease A.K.

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? exam 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) Philip D. Dyer, M. D.

(Address) Huntsville Mo.

Exact statement of OCCUPATION is very impo. l.

101

RECEIVED

District Health Officer No. 10

District File Number 10-39-462

Date Filed MAR 3 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, \_\_\_\_\_

*Tom B Patton*

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Tom B Patton*

Licensed Embalmer No. 3914

P. O. Address Humboldt

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

75-81  
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733  
(b) Township ..... Primary Registration District No. 4438 Registered No. ....  
(c) City Huntsville (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 Leona Theriel

(a) Residence, No. .... 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

|  |  |   |                   |  |
|--|--|---|-------------------|--|
| 3. SEX<br><u>7</u>   | 4. COLOR OR RACE<br><u>W</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>wid</u> |                   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF |  |   |                   |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                      |  |   |                   |  |
| 7. AGE   | YEARS<br><u>74</u>   | MONTHS<br><u>9</u>  | DAYS<br><u>13</u> | If LESS than 1 day, ..... hrs. or ..... min. |
| OCCUPATION   | 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.            |   |                   |  |
|  | 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)             |  |   |                   |  |
| FATHER   | 13. NAME   |   |                   |  |
|  | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   |   |                   |  |
| MOTHER   | 15. MAIDEN NAME  |   |                   |  |
|  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   |   |                   |  |
| 17. INFORMANT (ADDRESS)                                      |  |   |                   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...           |  |   |                   |  |
| 19. FUNERAL DIRECTOR (ADDRESS)                               |  |   |                   |  |
| 20. FILED 19... Local Registrar.                             |  |   |                   |  |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1957

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19....

I last saw h. .... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.

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

Pneumonia left lower lobe  
Chronic Carditis  
Chronic Brights disease  
Lobar Pneumonia

Other contributory causes of importance: 105

Date of onset

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) Philip J. Dreyer, M. D.  
(Address) Huntsville, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

