

REC'D MAR 10 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County WayneRegistration District No. 892Township 2Primary Registration District No. 6193City 200 (No. 200)File No. 8149Registered No. 2St. 200 Ward 2

2. FULL NAME

(a) Residence, No. 200 St. 200 Ward 2

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PL Mill Springs Mo DATE Jan 20 1939

19. UNDERTAKER (ADDRESS)

20. FILED

Jan. 28, 1939 Mrs. Hattie McFee Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 193922. I HEREBY CERTIFY, That I attended deceased from Jan 25, 1939, to Jan 25, 1939last saw her alive on Jan 25, 1939. Death is saidto have occurred on the date stated above, at 6 A m.

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

Puerperal Septicemia Date of onset 1/1/39Other contributory causes of importance: 145Name of operation 145 Date of 145What test confirmed diagnosis? 145 Was there an autopsy? 145

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 145 Date of injury 145, 1939Where did injury occur? 145 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 145Nature of injury 14524. Was disease or injury in any way related to occupation of deceased? NoIf so, specify 145(Signed) Dr. O. A. Myers, M. D.(Address) Greenville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

