REC'D APR 18 1939

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

10457
Do not use this space.

1. PLACE OF DEATH
(a) County Chariton
Registration District No. 175
(b) Township
Primary Registration District No. 4104
Registered No. 12
(c) City Salisbury
(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 550 Julia Annabelle Twyman
(a) Residence, No. ..... St. [✓] .....
(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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rufus Twyman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1879
7. AGE YEARS 72 MONTHS 2 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Missouri

FATHER
13. NAME Amos Mallock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Leana McCurry Salisbury Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 3/7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo B Winkelmeyer Salisbury Mo
20. FILED 3/6 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1939, to March 5, 1939
I last saw her alive on March 3, 1939. Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burn of chest & arms	1-18-39

Other contributory causes of importance: arteriosclerosis

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? Accident Date of injury Jan 19, 1939
Where did injury occur? Salisbury, Chariton, Missouri
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home
Manner of injury Burning paper
Nature of injury Burn
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Was burning papers in home
(Signed) [signature], M. D.
16.3 (Address) Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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. 8
District File Number 4/5/39
Date Filed

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, Chas B. Winkelmeyer, or by —

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

Signed Chas B. Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.