

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

Do not use this space.

REC'D APR 11 1939

**1. PLACE OF DEATH**

County Grovesdale  
Township Canaan  
City Quincyville (No. ....)

Registration District No. 305  
Primary Registration District No. 4184

File No. 10762  
Registered No. 11 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred, 34 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Pierce N. Hutton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July-26-1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>7</u>	DAYS <u>10</u>
If LESS than 1 day, .... hrs. or .... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>
	10. Date deceased last worked at this occupation (month and year) <u>April 1939</u>
	11. Total time (years) spent in this occupation. <u>60 yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stony Hill Mo.

13. NAME Robert Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Mo.

15. MAIDEN NAME Ann Caldwell

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

17. INFORMANT Mrs. Mary Dietzcamp (ADDRESS) Quincyville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincyville, Mo. DATE Mar. 8, 1939

19. UNDERTAKER Jappmeyer + Murray (ADDRESS) Quincyville, Mo.

20. FILED 3/14 1939 Neth S. Bann Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6-1939

22. I HEREBY CERTIFY, That I attended deceased from 12-26, 1937, to 3-6-1939  
I last saw her alive on 2-5, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.  
The principal cause of death and related causes of importance were as follows:

arterial Sclerosis unknown  
97  
Other contributory causes of importance: Coronary Artery Endarteriosclerosis  
Name of operation ..... Date of .....  
What test confirmed diagnosis? none 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? .....  
If so, specify .....  
(Signed) Edna Mellish, M. D.  
(Address) Quincyville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

