

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

11617  
Do not use this space.

REC'D APR 25 1939

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582  
(b) Township 1 Primary Registration District No. 4344  
(c) City PARIS (d) Street No. MONROE ST. Registered No. 12  
(e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. VIRGIE CLEO SEE

(a) Residence, No. MONROE ST. PARIS 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 23, 1900

7. AGE YEARS 28 MONTHS 4 DAYS 23 If LESS than 1 day, .....hrs. or .....min.

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

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) MONROE CO., MO. (STATE OR COUNTRY)

13. NAME LON TIPTON

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

15. MAIDEN NAME MINNIE WILLIS

16. BIRTHPLACE (CITY OR TOWN) MONROE CO., MO. (STATE OR COUNTRY)

17. INFORMANT HASDIN SEE (ADDRESS) PARIS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAR. 19, 1939

19. FUNERAL DIRECTOR (NAME) SPEED & BLAKEY, (ADDRESS) PARIS, MO.

20. FILED MAR. 17, 1939 J. A. Barnett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR. 16<sup>TH</sup>, 1939.

22. I HEREBY CERTIFY, That I attended deceased from MAR 15, 1939, to MAR 16, 1939  
I last saw her alive on MAR 16, 1939 Death is said to have occurred on the date stated above, at 11:00 p.m.

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

2nd heart failure Date of onset 3/15/39  
Right lung

Other contributory causes of importance: 108

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? no  
If so, specify  
(Signed) J. A. Barnett M. D.  
PARIS, MO. (Address)

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. 10

District File Number 10-39-648

Date Filed APR 11 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, \_\_\_\_\_

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

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

Signed E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address Paris, 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.**