

DESD APR 10 1939

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

11693
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township Neosho Primary Registration District No. 4363 Registered No. 24
(c) City Neosho (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Mae Belle Oxford

(a) Residence, No. 711 Summit St. 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 Divorced
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 17, 1911

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
27 5 2

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) Newton County
(STATE OR COUNTRY) Missouri

13. NAME Nathaniel Scritchfield
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

15. MAIDEN NAME Sarah E. Bentfro
16. BIRTHPLACE (CITY OR TOWN) Newton County
(STATE OR COUNTRY) Missouri

17. INFORMANT Amanda Dykman
(ADDRESS) Neosho Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cemetery DATE 2-21-39

19. FUNERAL DIRECTOR (NAME) Corley Thompson
(ADDRESS) Neosho Missouri

20. FILED 3-17-39 Amalia Salinas Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 19 1938 to Feb 17 1939
I last saw him alive on Feb 17 1939. Death is said to have occurred on the date stated above, at 2 A.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 2-21

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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.P. Reynolds, M. D.

(Address) Neosho Mo

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.

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 Gail K. Gay

Registered Apprentice No. 189....., working under my personal supervision.

Signed Barley Thompson

Licensed Embalmer No. 3259

P. O. Address neosho Missouri

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.