

REC'D APR 24 1939

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

11835
Do not use this space.

1. PLACE OF DEATH

(a) County Perry Registration District No. 660
(b) Township Central Primary Registration District No. 5878
(c) City _____ (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 Rosa Moranville

(a) Residence, No. _____ 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 James Moranville
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 - 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 11 4
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Perry County 0
(STATE OR COUNTRY) Missouri 0

FATHER 13. NAME Timothy Dean 0

14. BIRTHPLACE (CITY OR TOWN) Perry County 0
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emily Brewer

16. BIRTHPLACE (CITY OR TOWN) Perry County
(STATE OR COUNTRY) Missouri

17. INFORMANT Iola Moranville
(ADDRESS) Perryville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perryville, Mo. DATE March 18, 1939

19. FUNERAL DIRECTOR (NAME) Young & Sons
(ADDRESS) Perryville, Mo.

20: FILED 3-10 1939 Jos J Zoeller Local Registrar. 595

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16 19 39

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1938, to March 16, 1939

I last saw h E.R. alive on March 14, 1939 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Carcinoma of breast "left" with metastasis Date of onset 1 1/2 yrs
50

Other contributory causes of importance: Chronic myeloiditis 2 yrs

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____, M. D.

(Signed) Joseph J. Zoeller _____, M. D.

(Address) Perryville, 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.

THIS IS A PERMANENT RECORD

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 Wallace Young
Licensed Embalmer No. 4027
P. O. Address Perryville, 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.