MAR 18 1939 Cas 0337 DEC'D APR 7 1938

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

12198
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township Primary Registration District No. 100 Registered No. 499
(c) City Brentwood 1 (d) Street No. 8950 Manchester Rd., 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.
Goodworth

2. PRINT FULL NAME Julia MaGee Root
(a) Residence, No. 7541 Gannon Ave., 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph L. Root

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 27, 1864

7. AGE: YEARS 74 MONTHS 11 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

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) (STATE OR COUNTRY) Keokuk, Iowa 1

FATHER
13. NAME Unknown Harrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) W. H. Root 7541 Gannon Ave.,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Keokuk, Ia. DATE Mar 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alexander & Sons 6175 Delmar Blvd.

20. FILED MAR 18 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1934, to 17 Mar, 1939
I last saw her alive on 13 Mar, 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:

Carcinoma of breast

Date of onset

50

Other contributory causes of importance:

Name of operation nnn Date of
What test confirmed diagnosis? Was there an autopsy? nn

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? nn
If so, specify
(Signed) R. A. Charity M.D.
(Address) 1148 Pierce Bldg. St. Louis 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.

Travelers Claridge,

Dr. R. A. Claridge
Travelers Ins. Co.
Ch. 8100
Pierce Bldg.,

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, Jos. E. McCulloh, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6120 Delmar

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.