

REC'D APR 24 1939

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

12575
Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan Registration District No. 853
(b) Township Liberty Primary Registration District No. 6117
(c) City R. Esmond (d) Street No. _____
(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.

Registered No. 8

2. PRINT FULL NAME

(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) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 1858
7. AGE YEARS 88 MONTHS 10 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. old age
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) Edinburgh (STATE OR COUNTRY) Ind

13. NAME G. A. Barnett 14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____

15. MAIDEN NAME Rebecca Webb 16. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY) _____

17. INFORMANT Mrs. Sarah H. Gregory (ADDRESS) Esmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Esmond DATE 3-7 1939

19. FUNERAL DIRECTOR (NAME) Martin General Home (ADDRESS) Esmond, Mo.

20. FILED 3-7 1939 Mrs. Ruth Tucker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 1938, to March 4 1939.
I last saw her alive on March 4 1939. Death is said to have occurred on the date stated above, at 9 P m.

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

Erysipelas

Date of onset

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 U. S. Bradley (Signed) _____, M. D.

(Address) Esmond

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.

1 X14025

RECEIVED

District Health Officer No. 10

District File Number 10-39-757

Date Filed APR 14 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, Net Emb
H. J. Martin, or by

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

Signed H. J. Martin

Licensed Embalmer No. 2166

P. O. Address Princeton

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.