

REC'D MAY 10 1939

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

14767
Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
(b) Township 2nd Primary Registration District No. 4172 Registered No. _____
(c) City Kennett, Mo. (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. 5 mos. 7 ds. 25 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

1647
Julia Threlkell
(a) Residence, No. 215 Sliver 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>July Threlkell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 25-1889</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>7</u>	DAY <u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Work</u>		
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) <u>Mo</u>		
13. NAME <u>T. A. Slick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Margery Flanders</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Paul Benton Kennett Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>4-11</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Levy and Co Kennett Mo</u>		
20. FILED <u>4-19</u> 19 <u>39</u> <u>Threlkell</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937, to April 10 1939
I last saw her alive on April 10 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis -
decompensated heart Date of onset 2-1937

Other contributory causes of importance: 920

Name of operation None 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? _____
If so, specify _____
(Signed) Paul Falderson, M. D.
J. H. (Address) Kennett, Mo.

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY HEALTH SERVICES
BUREAU OF HEALTH SERVICES

RECEIVED

District Health Officer No. 3,

District File Number 39-296

Date Filed 5-4-39

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.