

JUN 12 1939

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

791
1008

17223
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1
(b) Township St. Louis MO Primary Registration District No. 2
(c) City St. Louis MO (d) Street No. St Lukes Hospital St. 781
(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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 508 So. St. Louis St St. NR Sparta Ill.
(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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Lynan Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22 - 1872

7. AGE YEARS 56 MONTHS 8 DAYS 3 If LESS than 1 day, hrs. or min.

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. Own Home
10. Date deceased last worked at this occupation (month and year) April 19 39 11. Total time (years) spent in this occupation. 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill

13. NAME J. M. Temple

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Rose Suppington

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Ruth Morrison Sparta Ill

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta Ill DATE May 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. A. Lynan Funeral Home Sparta, Ill

20. FILED MAY 25 1939 J. B. P. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25 1939

22. I HEREBY CERTIFY, That I attended deceased from April 30 1939 to May 25 1939
I last saw him alive on May 24 1939 Death is said to have occurred on the date stated above, at 5:15 a.m.
The principal cause of death and related causes of importance were as follows:

General Peritonitis Date of onset 3 weeks
appendiceal abscess 5 weeks

Other contributory causes of importance:
Cyclitis, non calculous
Surgical operation for appendicitis
Name of operation Laparotomy Date of Apr 24 39
What test confirmed diagnosis? Specimen Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
(Signed) Chas. E. [Signature] M. D.
(Address) 3720 Washington

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 Howard P. Rowland

Licensed Embalmer No. 3114

P. O. Address Atkins, Va.

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.