

REC'D JUN 8 1939

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

Do not use this space.

18981

1. PLACE OF DEATH

County Johnson

Township Madison

City Holden

Registration District No. 427

Primary Registration District No. 4253

File No. 8

Registered No. 24

St. Ward

2. FULL NAME ⁵³⁶ Melissa Painter

(a) Residence, No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 83 yrs. 7 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------|--|
| 3. SEX F. | 4. COLOR OR RACE W. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Painter | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1855 | | |
| 7. AGE YEARS 83 | MONTHS 7 | DAYS 1 |
| IF LESS than 1 day, hrs. or min. | | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife | 11. Total time (years) spent in this occupation Life |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife | |
| | 10. Date deceased last worked at this occupation (month and year) April 1939 | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Charles S. Ferguson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Jane W. Thompson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Inez Lawson (ADDRESS) Holden, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Holden Cemetery DATE 5/6 193919. UNDERTAKER J. H. Murray (ADDRESS) Holden, Mo.20. FILED May 8 1939 Mrs. H. D. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 1936, to May 4 1939.

I last saw h. w. alive on May 4 1939. Death is said to have occurred on the date stated above, at 11:45 A.M.

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

Chronic Nephritis

Date of onset

Other contributory causes of importance:

Myocarditis

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 _____

(Signed) Kelly Rawlins, M. D.

(Address) Holden 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.

