

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

19196
Do not use this space.

REC'D JUN 15 1939

1. PLACE OF DEATH

(a) County Monroe Registration District No. 547
 (b) Township Monroe Primary Registration District No. 3929 Registered No. 149
 (c) City Linnell (d) Street No. 821 South Ave 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.

2. PRINT FULL NAME

(a) Residence, No. 821 South Ave 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>Advanced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Andrew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28, 1870</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>1</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 / 25 1939
 22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1939, to Apr 22 1939
 I last saw her alive on Apr 22 1939. Death is said to have occurred on the date stated above, at 5 a.m.
 The principal cause of death and related causes of importance were as follows:

Labor Pneumonia
108
 Other contributory causes of importance:
Acute dilatation of heart

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linnell County Mo.</u>	<u>0</u>
	13. NAME <u>Edward Hamblett</u>	<u>1</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	<u>1</u>
	15. MAIDEN NAME <u>Margaret Buford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	17. INFORMANT (ADDRESS) <u>Mr. Fred Hays</u> <u>821 So. Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>M-Church</u> DATE <u>4/25</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Capitola</u> <u>Linnell Mo</u>		
20. FILED <u>May 8</u> 19 <u>39</u> <u>W. J. ...</u> Registrar.		

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) W. J. ..., M. D.
48 (Address) Linnell Mo

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.

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 Myself

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

Signed Harold C. Powell

Licensed Embalmer No. 5889

P. O. Address Hannibal Mo

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.