DEC'D JUN 13 1939

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

19381
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon
(b) Township Highland
or
(c) City Rover, Mo
Registration District No. 634
Primary Registration District No. 5837
Registered No.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Emmaline Trautham
(a) Residence, No. Rover, Mo. Oregon, Co. St.
(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 Fe
4. COLOR OR RACE Wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. J. Trautham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1886
7. AGE YEARS 72 MONTHS 7 DAYS 5 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. Housewife
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) Illinois

FATHER
13. NAME Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME ? Willard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) E. J. Trautham Rover, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Joliff DATE 4-14- 1939
19. FUNERAL DIRECTOR (NAME) Robertson (ADDRESS) West Plains, Mo
20. FILED ....., 19.....
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13- 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1938 to Apr. 13, 1939.
I last saw her alive on Dec. 20th, 1939. Death is said to have occurred on the date stated above, at 1:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis ~~Cyrosis~~ of liver.	Undetermined.

Other contributory causes of importance:

Name of operation None Date of xxx
What test confirmed diagnosis? Clinical 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 xxx
(Signed) A. H. Thornburgh, M. D.
(Address) West Plains, Mo.

911

(Licensed Embalmer's Statement on Reverse Side) Thornburgh

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3435

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

19381
Do not use this space.

1. PLACE OF DEATH
(a) County Oregon
(b) Township Highland
(c) City
Registration District No. 634
Primary Registration District No. 3837
Registered No.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Matilda Emmaline Grantham Grantham
(a) Residence, No. Route no Oregon Co St. Correct
(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 F
4. COLOR OR RACE wht
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. L. Grantham

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-18-1886

7. AGE Years 72 Months 7 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.
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) Illinois

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Willard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT E. L. Grantham
(ADDRESS) Route 2 Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliff DATE 4-14 1939

19. FUNERAL DIRECTOR Pobedon
(ADDRESS) West Plains, Mo

20. FILED 19 Mrs A. C. Willard
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-13 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-13 1939 to April 13 1939
I last saw her alive on April 20 1939. Death is said to have occurred on the date stated above, at 1:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) A. H. Thornburg, M. D.
(Address) West Plains Mo

SUPPLEMENTAL

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

AUG 18 1939