

JUL 18 1939

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

22011
Do not use this space:

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 289
(b) Township or City Malden Primary Registration District No. H173 Registered No. 17
(c) City Malden (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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. 241 Connie Ray McElroy St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 - 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Malden Mo.

FATHER 13. NAME Viola McElroy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Turkey Kan.

MOTHER 15. MAIDEN NAME Ruby Cluck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell Mo.

17. INFORMANT (ADDRESS) Viola McElroy Malden Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo. DATE 7-1 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig Funeral Ser. Malden Mo.

20. FILED 7-1 1939 S.E. Mitchell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30 1939
22. I HEREBY CERTIFY That I attended deceased from June 19 1939 to June 30 1939
I last saw him alive on June 30 1939. Death is said to have occurred on the date stated above, at 3 P.M.
The principal cause of death and related causes of importance were as follows:

Coryza
1939
Date of onset 6/16/39

Other contributory causes of importance:
Bronchopneumonia 6/19/39
Dehydration
and lack of food

Name of operation none Date of _____
What test confirmed diagnosis Chemical 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) S.E. Mitchell, M. D.
(Address) Malden 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.

RECEIVED

District Health Officer No. 3,

District File Number 789-416

Date Filed 7/8/29

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.