

REC'D JUL 13 1939

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

22771
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 55
(b) Township Anderson Primary Registration District No. 6262 Registered No. 1377
(c) City or _____
(d) Street No. _____
(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

257 Maggie M. Michael
(a) Residence, No. _____ 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 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 J.H. Michael
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 51 8 13
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) Ill 1

FATHER 13. NAME Chas. Mothers 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill 1

MOTHER 15. MAIDEN NAME Wk. 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wk. 9

17. INFORMANT (ADDRESS) J.H. Michael M. 5 Madison Mo. RR

18. BURIAL, CREMATION, OR REMOVAL PLACE Burnie Mo. DATE June 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Landers & Son Campbell Mo.

20. FILED July 3, 1939 M. V. Mumm Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1939

22. I HEREBY CERTIFY That I attended deceased from June 16, 1939 to June 16, 1939
I last saw her alive on May 31, 1939. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterine Adnexa
Date of onset _____

Other contributory causes of importance: 49

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) Geo. Fulker M. D.
(Address) Madison 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.

FORM 9-1-38 I X16603

RECEIVED

District Health Officer No. 2,

District File Number 739-67

Date Filed 7-12

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.