JUL 18 1939

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

23042
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township
(c) City Moberly
Registration District No. 735
Primary Registration District No. 3034
Registered No. 130
(d) Street No. Woodland Hospital 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.

88
63

2. PRINT FULL NAME Mildred June Teter
(a) Residence, No. R #2, Excello, Mo. 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: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 - 1923
7. AGE: Years 15 | Months 11 | Days 29 | 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. School Girl
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) Macon Co. Mo. O

FATHER
13. NAME Bunk Teter O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo. O

MOTHER
15. MAIDEN NAME Phredia Snider
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Phredia Snider Excello, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Teter Cem. DATE 6-26-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stephens & Hoadley Macon, Mo.
20. FILED June 26 1939 Leale Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25th 1939
22. I HEREBY CERTIFY, That I attended deceased from June 24 1939, to June 25 1939
I last saw her alive on June 25 1939. Death is said to have occurred on the date stated above, at ~~11:50~~ 12:05 a.m.
The principal cause of death and related causes of importance were as follows:

Acute suppurative appendicitis — Date of onset June 20 1939

121

Other contributory causes of importance:
Generalized peritonitis

Name of operation Appendectomy + drainage Date of June 24
What test confirmed diagnosis? Operation 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? No
If so, specify
(Signed) R. D. Streeter, M. D.
(Address) Moberly 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 17-39-1273
Date Filed JUL 12 1939

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.