

AUG 14 1939

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

24871
Do not use this space.

1. PLACE OF DEATH
(a) County Adair Registration District No. 4
(b) Township Herberville Primary Registration District No. 3001 Registered No. 171
(c) City Herberville (d) Street No. Laughlin 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.

2. PRINT FULL NAME 400 Beulah Meley
(a) Residence, No. 400 St. Newtown, Mo.
(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 A. Leon Meley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 5, 1917

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>22</u>	<u>5</u>	<u>8</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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) Sullivan Co. Missouri

FATHER

13. NAME Harry Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

MOTHER

15. MAIDEN NAME Anna Wilke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co. Missouri

17. INFORMANT (ADDRESS) A. Leon Meley, Decern, Mo.

18. BURIAL, CREMATION, OR REMOVAL Center Grove DATE July 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. DeBoer, Warsaw, Mo.

20. FILED July 14, 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939 to July 13, 1939
I last saw her alive on July 13, 1939. Death is said to have occurred on the date stated above, at 6:10 P.M.
The principal cause of death and related causes of importance were as follows:
Septicemia following a mammary abscess of left gland, probably resulting from diabetes mellitus.

Other contributory causes of importance: 59

Name of operation..... Date of.....
What test confirmed diagnosis? (Unknown) 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) Wm. C. Kelly, D.O.
(Address) Laughlin Hospital, Herberville, 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.

RECEIVED

District Health Officer No. 10

District File Number 8-39-1450

Date Filed AUG 10 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, _____

Frank D. Schoene

_____ or by _____

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

Signed *Frank D. Schoene*

Licensed Embalmer No. 2016

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.