

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

26019
 Do not use this space.

1. PLACE OF DEATH

(a) County Johnson, Registration District No. 559-6430
 (b) Township Pestotak, Primary Registration District No. 4256
 (c) City Leeton, (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 3 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Cordelia Elizabeth Douglas

(a) Residence, No. Leeton, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. Allen Douglas
House Wife
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
74 10 1
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Marion Co., Mo.

FATHER 13. NAME Oliver Perry Murry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore, Maryland

MOTHER 15. MAIDEN NAME Louisa Baker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Miss Jennie Murry, Leeton, Mo. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE 7-16-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. A. Brauninger, Leeton, Mo.

20. FILED Aug. 8, 1939 Annabel Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 12, 1939, to July 14, 1939
 I last saw her alive on July 14th, 1939. Death is said to have occurred on the date stated above, at 10:10 P.M.
 The principal cause of death and related causes of importance were as follows:

apoplexy
 Sudden
 Other contributory causes of importance: Sanility
 Date of onset 1

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) H. C. Utery, M. D.
370 (Address) Leeton, 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.

30M-9-19-38 I X18605

Date Filed
District File Number 8/7/39
District Health Officer No. 81
RECEIVED

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

..... R. A. Brauninger, L. E. Registered Apprentice No.
working under my personal supervision.

Signed R. A. Brauninger
..... Licensed Embalmer No. 3377

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.