

REC'D AUG 18 1939

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

26059

Do not use this space.

## 1. PLACE OF DEATH

(a) County Laclede <sup>2</sup> Registration District No. 449  
 (b) Township Washington <sup>1</sup> Primary Registration District No. 562  
 or  
 (c) City..... (d) Street No..... 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

Mary J Valentine  
 (a) Residence, No. .... 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 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
 5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF John Valentine  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 9 8  
 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) Jefferson Co. MoFATHER 13. NAME Bartholem Simpson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co MoMOTHER 15. MAIDEN NAME Olga A Wilson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo17. INFORMANT (ADDRESS) Mrs Edna E Green  
Subarson Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Paper DATE 7/27/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Halman  
Subarson Mo20. FILED 8-3-39 T. A. McComb  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25/39 1922. I HEREBY CERTIFY That I attended deceased from Sept 27, 1937 to July 18, 1939I last saw her alive on July 18, 1939 Death is said to have occurred on the date stated above, 10:35 P.M.The principal cause of death and related causes of importance were as follows:  
Carcinoma of Uterus with metastases to liverOther contributory causes of importance: H/SName of operation Pare hysterectomy Date of Sept 27, 39What test confirmed diagnosis? Biopsy Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury....., 19.....  
 Where did injury occur? none (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.Manner of injury noneNature of injury ---24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) D. Simpson, M. D.  
 (Address) Subarson Mo

RECEIVED

District Health Officer No. 7!

District File Number 7-39-1125

Date Filed 8-9-39

**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 Myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed W. E. Holman

Licensed Embalmer No. 4107

P. O. Address Lubaton, Md

**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.**