

1939 AUG 9 1939

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

26132
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486
 (b) Township Levick Primary Registration District No. 5649
 (c) City _____ (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.

Registered No. 22

2. PRINT FULL NAME

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

1045 Ruby Thomas Marling

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Delbert Marling</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 27, 1906</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>11</u>
	DAYS <u>20</u>	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. <u>House wife</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln, Mo.</u>	
	13. NAME <u>Robert C. Simpson</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln, Mo.</u>	
	15. MAIDEN NAME <u>Birdie Frances Shuck</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lincoln, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Ms Birdie Simpson Elsberry Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Ridge</u> DATE <u>July 14, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. W. Bradley Elsberry Mo.</u>		
20. FILED <u>Aug 5, 1939</u> - <u>Etta Powell</u> Local Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1939 to July 17, 1939
 I last saw h. or alive on July 17, 1939. Death is said to have occurred on the (date stated) above, at 8:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset 23

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) H. H. Hallaway M. D.
 (Address) Elsberry Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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,

W.H. Bradley

or by

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

Signed

W.H. Bradley

Licensed Embalmer No.

3966

P. O. Address

Elk River

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con- with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.