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

AUG 10 1939

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

26133
Do not use this space.

1. PLACE OF DEATH
(a) County Lincoln 2 Registration District No. 490
(b) Township Millwood 1 Primary Registration District No. 5657 Registered No.
(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 300 Ella Ann Mudd
(a) Residence, No. 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 white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF Edwin C. Mudd.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30 - 1857
7. AGE YEARS 81 MONTHS 8 DAYS 1 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. retired Housework
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) Missouri

FATHER
13. NAME Richard Corcoran 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland. 5

MOTHER
15. MAIDEN NAME Mary Davis.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT (ADDRESS) R. C. Mudd Silex Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ millwood, Mo.
PLACE St. Alphrus Cemetery DATE Aug 3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Clifton Miller Elsberry, Missouri
20. FILED 8-1- 1939 O. H. Damron Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31, 1939
22. I HEREBY CERTIFY That I attended deceased from July 29 1939, to July 31, 1939
I last saw her alive on July 31 1939. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset
93 d'
Other contributory causes of importance:
Senility
myocarditis
Name of operation None Date of —
What test confirmed diagnosis? None 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) R. M. Penn, M. D.
(Address) Silex Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, July 31-1

....., or by .....

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

Signed Clifton Miller

Licensed Embalmer No. 3364

P. O. Address Elsberry, Missou

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

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