

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

Do not use this space.

RECD AUG 18 1939

26183

1. PLACE OF DEATH

County Macon
 Township Hudson
 City Macon (No. _____)

Registration District No. 533
 Primary Registration District No. 3027

File No. _____
 Registered No. 61
 St. _____ Ward _____

2. FULL NAME Mary Elizabeth Mewes

(a) Residence, No. Macon Mo. St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

11/25/1863

7. AGE

YEARS 75

MONTHS 8

DAYS 0

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

seamstress

9. Industry or business in which work was done, as silk mill, 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)

Kentucky

13. NAME

Wm. Mewes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Eli,abeth Pendleton

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

Kentucky

17. INFORMANT

Otto Mewes

(ADDRESS) Bethel Mo.

18. BURIAL

PLACE Shelbyville Mo. DATE 7/27/39

19. UNDERTAKER

Million & Barkelew

(ADDRESS) Shelbina Mo.

20. FILED

7/25 1939 Geo. W. Henderson
 Registrar.

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

July 25, 1939

22. I HEREBY CERTIFY That I attended deceased from

July 12, 1939, to July 25, 1939.
 I last saw h. ef alive on July 23, 1939 Death is said to have occurred on the date stated above, at 9:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis

Date of onset

Other contributory causes of importance:

Chronic nephritis

Name of operation

Date of

What test confirmed diagnosis? Lab. 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) D. C. D. Edwards, D.O.

(Address) Macon, Mo.

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 8-38-1421

Date Filed AUG 9 1939