

REC'D AUG 3 1939

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

26987
Do not use this space.

1. PLACE OF DEATH

(a) County SCOTT Registration District No. 819
(b) Township Marley Primary Registration District No. 6068
(c) City _____ (d) Street No. _____ Registered No. _____
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) _____ St.
_____ yrs. mos. ds. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Martha Ann Malone

(a) Residence, No. Marley, Scott Count 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 F 4. COLOR OR RACE W 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) 7-16-39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0 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. _____
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) Marley Mo
Scott Co Mo

FATHER 13. NAME Navy Malone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County, Mo

MOTHER 15. MAIDEN NAME Lee Jay Malone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Count

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL PLACE Carpenter graveyard DATE 7-18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Hummel
Madison Mo

20. FILED July 21 1939 Mrs L Dougherty Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-17 1939, to 7-17 1939

I last saw her alive on 7-17 1939

to have occurred on the date stated above, at 2 AM

The principal cause of death and related causes of importance were as follows:

Prematurity

Other contributory causes of importance: 154

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) Dr. E. H. Lusk

Address Oran, 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.

1 X14025

RECEIVED

District Health Officer No. 2,

District File Number 839-108

Date Filed 8 2

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

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.