

REC'D AUG 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County

Shelby - 2

Registration District No.

830

Township

Sact River 1

Primary Registration District No.

4503

City

Shelby (No. 163)

St.

Ward

2. FULL NAME

Barbara Luce Mefford

(a) Residence, No.

Shelby 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

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

Infant

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

July 27, 1939

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

✓

✓

✓

5

OCCUPATION

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

✓

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)

Shelby Mo

FATHER

13. NAME

Willie Lee Mefford

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

Fentley Mo

MOTHER

15. MAIDEN NAME

Lulla Smith

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

Fentley Mo

17. INFORMANT (ADDRESS)

Willie Lee Mefford, Shelburna Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE

9007 Shelburna Mo DATE 7/28/39

19. UNDERTAKER (ADDRESS)

William J. Barkelore, Shelburna Mo

20. FILED

July 30, 1939 Ruth Joyner Registrar

MEDICAL CERTIFICATE OF DEATH

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

7/27/1939

22. I HEREBY CERTIFY, That I attended deceased from

7/27/39, 19, to *7/27/39*, 19

I last saw her alive on *7/27/39*, 19. Death is said

to have occurred on the date stated above, at *3 P.* m.

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

Premature Child

Date of onset

Other contributory causes of importance:

154

Name of operation

Chinical

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) *A. M. Hood*, M. D.

749 (Address) *Shelburna 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.

RECEIVED

District Health Officer No. 10

District File Number 839-1473

Date Filed AUG 10 1939