

REC'D SEP 7 1939

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

29581  
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 490  
(b) Township Union Primary Registration District No. 5653 Registered No. 7  
(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.

2. PRINT FULL NAME

137 Ella Rue Uptgrove  
(a) Residence, No. Siles, Missouri, R.F.D. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. M. Uptgrove  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1878  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 2 9  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper  
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  
13. NAME Geo. Fuller Hall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Elizabeth Annis Setton  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT Mrs. Geo. Uptgrove  
(ADDRESS) Siles, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Cornet Cemetery DATE Aug 8 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 6 - 1939  
22. I HEREBY CERTIFY, That I attended deceased from March 10, 1939 to Aug - 6 - 1939  
I last saw her alive on Aug - 4 - 1939 Death is said to have occurred on the date stated above, at 4 o'clock p. m.  
The principal cause of death and related causes of importance were as follows:  
Chronically Myocarditis Date of onset 1931  
Other contributory causes of importance: Chronic Hepatitis and Arterio-Sclerosis  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Chronic 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) O. H. Wannon, M. D.  
Address Siles, Mo.

19. FUNERAL DIRECTOR (NAME) Clifton Miller  
(ADDRESS) Elaborer, Mo.  
20. FILED 8-8- 1939 O. H. Wannon  
Local Registrar.

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.

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, Aug 6 - 1939

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

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

Signed.....

*Clifton Miller*

Licensed Embalmer No. 3364

P. O. Address Elsbey, Mo.

**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.**