

REGD SEP 13 1939

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

30120
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City Near Farmington (d) Street No. State Hospital No. 4 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 320 Matilda Meadows

(a) Residence, No. Stoddard Co. Home 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 1-1, 1939, to 8-28, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875 9-26-1875

I last saw her alive on 8-28, 1939. Death is said to have occurred on the date stated above, at 11:05 a.m. P.M.

7. AGE YEARS 65 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. or min.

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

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

Pulmonary Tuberculosis far advanced Date of onset 1936(?)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Engelhardt Missouri

Other contributory causes of importance:

13. NAME Wm O'Neal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Chronic Nephritis

15. MAIDEN NAME Rachel Brewer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? no

17. INFORMANT Records of State Hospt. #4 (ADDRESS) Farmington, Mo.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Puxico, Mo. DATE 8-30, 1939

Manner of injury Nature of injury

19. FUNERAL DIRECTOR (NAME) Earl Watkins (ADDRESS) Dexter, Mo.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Jes. R. Mulkey, M. D.

20. FILED Aug 31 1939 J. Robinson Local Registrar.

(Address) Farmington, Mo.

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

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320

77

Date of onset
1936(?)

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.....

Fred W. Nutzman

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Fred W. Nutzman

Licensed Embalmer No. *3911*

P. O. Address *Hexter, 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.