

SEP 15 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

30334  
Do not use this space.

## 1. PLACE OF DEATH

(a) County SchuylerRegistration District No. 806(b) Township PrariePrimary Registration District No. 6051

Registered No. ....

(c) City Quincy MO

(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

(a) Residence, No. .... St. ☐ (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widow

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

John Black (Deceased)

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

March 8 - 1848

7. AGE

YEARS

91

MONTHS

4

DAYS

14

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

OCCUPATION

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

retired House

9. Industry or business in which work was done, as saw mill, bank, etc.

Clark

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)

Butler County Penn

FATHER

13. NAME

John Luse

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

Penn

MOTHER

15. MAIDEN NAME

Mary Mahang

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

Penn

17. INFORMANT (ADDRESS)

Milo Black  
R 2 Quincy MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Myers County

DATE

7/25 '39

19. FUNERAL DIRECTOR (ADDRESS)

Wm M. West  
Quincy MO

20. FILED

7/26 '39  
Oliver B. Jones  
Quincy Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/23 1939

22. I HEREBY CERTIFY, That I attended deceased from

July 18, 1939 to July 18, 1939Last saw her alive on July 18, 1939 Death is saidto have occurred on the date stated above, at 11:45 a.m.

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

Organic Heart  
disease, (Valvular) 1937Other contributory causes of importance: 92 WName of operation None Date of NoneWhat test confirmed diagnosis? Clinical 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?

If so, specify

(Signed) Robert M. Jones M.D.(Address) Quincy MO

Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-39-1547

Date Filed SEP 7 1939

STATEMENT BY LICENSED EMBALMER

I, Wm N West, Licensed Embalmer No. 2882

hereby certify that the body recorded on the reverse side of this certificate was embalmed by My self

L. E.

No. .... or by ....., Registered Apprentice No. ....

working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

**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.)**