

661 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County Christian
Township Linley
City (No. _____) _____

Registration District No. 184
Primary Registration District No. 5255

File No. 32154
Registered No. 35
St. _____ Ward _____

2. FULL NAME

Mrs H.L. Pielog (or. Prineas)
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 27, 1939, to Aug 29, 1939
I last saw her alive on Aug 27, 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 19 1872

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 9 11

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

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER
13. NAME Hugh Phillips

Name of operation _____ Date of _____
What test confirmed diagnosis? Physical Exam Was there an autopsy? No

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

MOTHER
15. MAIDEN NAME Miss Wood

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. _____

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

17. INFORMANT (ADDRESS) Ralph H. Pielog

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopdale DATE Aug 30 1939

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

19. UNDERTAKER (ADDRESS) W. B. Chaffin

(Signed) R. R. Parthing, M. D.
(Address) Ogden, Mo.

20. FILED Oct 19 1939 W. L. Leonard Registrar.

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. 6,

District File Number 1039-2120

Date Filed OCT 19 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 32154Registration District No. 184Primary Registration District No. 5255Registrar's No. 35

1. PLACE OF DEATH:

- (a) County Christian
 (b) City or town Smiley
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... years, months or days)

3. (a) PRINT FULL NAME Mrs. FRANCES McCon
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced wid
 6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years
 7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years 66 Months 9 Days 11 If less than one day..... hr..... min.

9. Birthplace..... (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....

- (b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)
 (Burial, cremation, or removal)

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a) Oct. 1, 1939 (b) Loretta Leonard
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....
 (c) City or town..... (If outside city or town limits write "RURAL")
 (d) Street No..... (If rural, give location)
 (e) If foreign born, how long in U. S. A.?..... years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 29
 year 1939 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
 that I last saw h..... alive on..... 19.....
 and that death occurred on the date and hour stated above.
 Immediate cause of death.....

Duration

- Due to.....

- Due to.....

- Other conditions..... (Include pregnancy within 3 months of death)

- Major findings:
 Of operations.....

- Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify).....

- (b) Date of occurrence.....

- (c) Where did injury occur?..... (City or town) (County) (State)

- (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)

- While at work?..... (e) Means of injury.....

23. Signature R. P. Farthing (M. D. or other)

- Address Osage mo Date signed.....

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTAL COPY

S-32154