

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

40429
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 633
 (b) Township Oak Grove Primary Registration District No. 5247
 (c) City (d) Street No. St.
 (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. 435 Gannie Gauleding 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-14-1862
 7. AGE YEARS 78 MONTHS 9 DAYS 10 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
 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) Arkansas

13. NAME ? Brady

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

15. MAIDEN NAME Manda Tullett

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Norman DATE 11/26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. John ...
Couch ...

20. FILED Nov. 26 1939 George Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-24 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-9, 1939 to 11-24, 1939
 I last saw her alive on 11-22, 1939 Death is said to have occurred on the date stated above, at 10:30 m.
 The principal cause of death and related causes of importance were as follows:

Hemiplegia Emphysema
Chronic Myocarditis
 Date of onset 11-6-39
 Other contributory causes of importance: Senility ↑ 3 C

Name of operation 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) D. W. Cooper M. D.
51 (Address) Waynes Mo.

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,

....., or by

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

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1239474

Licensed Embalmer No.....

Date Filed 12/3/39

P. O. Address.....

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.