

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

40606
Do not use this space.

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 731
 (b) Township Clifton Hill Primary Registration District No. 5965
 (c) City Clifton Hill, Mo (d) Street No. _____ 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 Mrs. Elvyn Ream
 (a) Residence, No. Clifton Hill, Mo. R. 731 (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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesse Ream
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 5, 1880
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 9 24
 OCCUPATION 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 _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bitterney Maryland
 FATHER 13. NAME Perry Bradwater
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bitterney Maryland
 MOTHER 15. MAIDEN NAME Jane Lake
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bitterney Maryland
 17. INFORMANT (ADDRESS) Jesse Ream Clifton Hill, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Home DATE 12-2
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Guymon Moberly, Mo
 20. FILED 12/1, 1939 W. Bradsher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 29, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1938, to Nov 28, 1939
 I last saw him alive on Nov 28, 1939 Death is said to have occurred on ~~the date stated above~~, at 8 P. m. Nov 29, 1939
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Nov 27, 1939
both lungs
50
 Other contributory causes of importance:
Malignancy of right breast lymphatic glands
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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) W. E. Guymon
 (Address) Laboratory, 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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2150

Date Filed DEC 12 1939

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.

Signed Orin Robinson

Licensed Embalmer No. 4101

P. O. Address Wigbee, N.J.

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.