

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

Do not use this space.

1950 JAN 10 1940

43843

1. PLACE OF DEATH

County Lewis

Registration District No. 467

468

Township

Primary Registration District No. 4280

File No.

City Marionville (No. 550)

Registered No. 69

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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.

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) Dec 15 1939

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

22. I HEREBY CERTIFY, That I attended deceased from January 22 1938, to Dec 15 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1871

I last saw him alive on Dec 15 1939. Death is said to have occurred on the date stated above, at 10 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 3 1

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

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

Pulmonary Edema due to Chronic Myocarditis and Bronchopneumonia, primary.  
Date of onset 12/11/39  
54  
12/9/39

Other contributory causes of importance: Diabetes mellitus Several years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joe, Mo

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME John Frederick Islaub

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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

15. MAIDEN NAME Barbara Warner

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

17. INFORMANT (ADDRESS) Mr J. M. Jewett Marionville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joe, Mo DATE Dec 18 39

19. UNDERTAKER (ADDRESS) Chapman Funeral Home Marionville Mo

20. FILED 12/18 19 39 AA Cowan 419 Registrar

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) R. P. Parney, M. D.

(Address) Marionville, 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.

Mr. J. J. J.