

MISSOURI 1941

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

44474
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Charles Registration District No. 760A
 (b) Township Quincy Primary Registration District No. 5000
 (c) City (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. MINNIE WALTON
 (a) Residence, No. O'FALLON R. 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 F
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Van Wallon
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11 - 1882
 7. AGE YEARS 57 MONTHS 1 DAYS 12 If LESS than 1 day, hrs. or min.
 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) St. Charles Co. Mo. (STATE OR COUNTRY)

FATHER
 13. NAME Adam F. Fieble
 14. BIRTHPLACE (CITY OR TOWN) Linn Co. Mo. (STATE OR COUNTRY)
 MOTHER
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Van Wallon (ADDRESS) O'Fallon Mo. R.
 18. BURIAL, CREMATION, OR REMOVAL PLACE O'Fallon Mo. DATE Dec 26 1939
 19. FUNERAL DIRECTOR (NAME) E. K. Keithly (ADDRESS) O'Fallon Mo.
 20. FILED 12/30 39 Gertrude S. Forstall Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1939
 22. I HEREBY CERTIFY, That I attended deceased from 7-2 1939 to 12-23 1939
 I last saw h. alive on 12-22 1939 Death is said to have occurred on the date stated above, at 12:45 am.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of lung -
berceromy of lung
scn (Cancer)
 Date of onset
 Other contributory causes of importance:
47
 Name of operation Date of
 What test confirmed diagnosis? operative 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) R. H. Reynolds M. D. (Address) O'Fallon Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

5014-1-12-38 I X14028

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..... *Ed Kethley*

Licensed Embalmer No. *822*

P. O. Address..... *O'Fallon Mo*

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.