

JAN 14 1940

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

44510
Do not use this space.

1. PLACE OF DEATH -
(a) County St. Francois 2 Registration District No. 773
(b) Township Jendleton - 1 Primary Registration District No. 6023
(c) City or Doerflinger 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 Effie Carrie Mayberry
(a) Residence, No. Doerflinger mo 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 Female 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 Peter Myres Mayberry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9 - 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 8 22.
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc.
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) Bellevue - Mo. 0

FATHER 13. NAME William Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vergennes 1

MOTHER 15. MAIDEN NAME Cary A. Digger

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

17. INFORMANT (ADDRESS) Miss Effie Mayberry - Doerflinger R. D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maion's Doerflinger mo DATE Jan 2 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sparks Lumber Co. - Doerflinger mo

20. FILED Jan 1 1940 B. J. Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 31 - 1939
22. I HEREBY CERTIFY, That I attended deceased from July 20 1938 to Dec 31 1939
I last saw her alive on Dec 31 1939. Death is said to have occurred on the date stated above, at 12:50 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
Other contributory causes of importance: 10 1/2
Name of operation None Date of _____
What test confirmed diagnosis? Culture 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 Rappaport _____, M. D.
(Signed) _____ (Address) Doerflinger mo

94

MARGIN RESERVED FOR BINDING

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

V. S. NO. 1
50M-9-19-38
I X1665

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.

Signed.....

Licensed Embalmer No.....

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.