

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

44776
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 799
 (b) Township Slater Primary Registration District No. 411707
 (c) City Slater (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Lee McKenry 256
 (a) Residence, No. _____ 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Andrew J. McKenry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 8, 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife and
 9. Industry or business in which work was done, as saw mill, bank, etc. House nurse.
 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) Near Gilliam Mo

FATHER 13. NAME John Broughman

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

MOTHER 15. MAIDEN NAME Elizabeth Turpin

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

17. INFORMANT (ADDRESS) William McKenry, Gilliam Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilliam DATE Dec. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones and Salzer, Slater Mo.

20. FILED Dec 23, 1939 W. M. Tubbs Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 23, 39. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1939, to _____, 19____
 I last saw him alive on Dec 23 1939. Death is said to have occurred on the date stated above, at 5 A.
 The principal cause of death and related causes of importance were as follows:

Apoplexy Cerebral Date of onset _____
 Other contributory causes of importance: 82th

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? N
 If so, specify _____
 (Signed) W. M. Tubbs M. D.
 (Address) Marshall 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.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/11/40

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

Herman Salzer

Licensed Embalmer No.

1831

P. O. Address

Slater 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.