

Registration District No. 289Primary Registration District No. 5407Registrar's No. 5

## 1. PLACE OF DEATH:

(a) County Dunklin  
 (b) City or town Rural - Cotton Hill  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 9  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 In this community 1 year (Specify whether years, months or days) 340

2. (a) PRINT FULL NAME MATTIE BELL WALLACE WHITLEY

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife SHELBY WHITLEY 6. (c) Age of husband or wife if alive 44 years  
 7. Birth date of deceased August 10 1896  
 (Month) (Day) (Year)

8. AGE: Years 43 Months 5 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_9. Birthplace Fulton Miss. (City, town, or county) (State or foreign country) 110. Usual occupation housewife11. Industry or business own home 912. Name Sam Wallace13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 914. Maiden name Mary15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country) 916. (a) Informant's own signature S. Shelby Whitley(b) Address Malden17. (a) Burial (b) Date there 1-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Malden Mo18. (a) Signature of funeral director none

(b) Address \_\_\_\_\_

19. (a) 1-22-40 S. B. Mitchell  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cold Dunklin  
 (c) City or town Rural - near Malden  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. near Malden Mo  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 20th day January  
year 1940 hour 5 minute 0 P. M.21. I hereby certify that I attended the deceased from Jan. 19, 1940, to Jan 20, 1940;  
that I last saw her alive on Jan. 20, 1940;  
and that death occurred on the date and hour stated above.Immediate cause of death acute myocarditis Duration \_\_\_\_\_Due to acute rheumatic fever  
attacks for last 10 years

Due to \_\_\_\_\_

Other conditions 12/1  
(Include pregnancy within 3 months of death)Major findings: chr. interstitial nephritis PHYSICIAN \_\_\_\_\_  
Of operations noneOf autopsy none Underline the cause to which death should be charged statistically

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature H. D. Davis (M. D. or other) 1/21/40Address Malden Date signed 1/21/40

RECEIVED

District Health Officer No. 2,

District File

240 - 553

Date Filed

2/8/40

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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.