

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

2904

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township 3 Primary Registration District No. 5633 Registered No. 4
 (c) ~~City~~ Mt. Vernon (d) Street No. Missouri State Sanatorium 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 10 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 423 Susie Gilstrap Neosho, Missouri Route 1 St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 OF (OR) WIFE OF John Gilstrap		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 26, 1913		
7. AGE YEARS 26	MONTHS 4	DAYS 15
IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Houswife	
	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) Sept. 1938	
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas		
FATHER	13. NAME William Bradley Megee	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas	
MOTHER	15. MAIDEN NAME Ora Belle Pinley	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Arkansas	
17. INFORMANT E. McMichael, Reford Clerk (ADDRESS) Missouri State Sanatorium		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burkhardt Cem</u> DATE <u>1-11-40</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Thornhill-Nillon</u> <u>Joplin, Mo</u>		
20. FILED <u>Jan. 18</u> 19 <u>40</u> <u>P. A. Holmes</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 9, 1940**

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 25,** 1939 to **Jan 9, 1940**

I last saw her alive on **Jan. 9**, 1939 Death is said to have occurred on the date stated above, at **3:45 p.m.**

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis August 1938 Date of onset

Other contributory causes of importance: **22**

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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? no
 If so, specify no
 (Signed) [Signature], M. D.
 (Address) 421 (Address) Mt. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 240-343

Date Filed FEB 6 1940

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: Don Tetrick

Licensed Embalmer No. 4008

P. O. Address Joplin, 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.