Dr Taylor

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

1940 JAN 22 1940

3284
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot — Registration District No. 688
(b) Township — Primary Registration District No. 4392 — Registered No.
(c) or City Steele, — (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 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margie L. Caldwell
(a) Residence, No. Steele, Mo. 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: Jesse Caldwell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug, 14th, 1908.
7. AGE: YEARS 31 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House Keeper
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): D.K. Miss.

FATHER
13. NAME: Wm Edward Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K. D.K.

MOTHER
15. MAIDEN NAME: Mary Heathcock
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): D.K. D.K.

17. INFORMANT (ADDRESS): Jesse Caldwell, Steele, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Zion Cem, DATE: Jan, 15, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): German Undt Co. Steele, Mo.
20. FILED 1-18, 1940 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan, 15th, 1940
22. I HEREBY CERTIFY, That I attended deceased from 12-5-, 1939, to 1-14-, 1940
I last saw her alive on Jan. 14, 1940. Death is said to have occurred on the date stated above, at 2:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
① Decompensat Mitral Insufficiency c̄ hypertrophic heart	9-9-39
② Chronic passive congestion of liver due to decomp heart.	10-1-39

Other contributory causes of importance:

Name of operation: G & A — 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? No
If so, specify
(Signed) E. L. Taylor, M. D.
(Address) Steele, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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THE HEALTH STATISTICS OFFICE
INFANT CARD RETURNED TO DISTRICT
DATE

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.