

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

Do not use this space.

14807

MAY 17 1940

1. PLACE OF DEATH

County Dunklin 2 Registration District No. 290
Township Salem 8 Primary Registration District No. 5708
City 615 Mary G Esmin St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. Dunklin Co mo Rural St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 4 - 1902</u>				
7. AGE	YEARS <u>38</u>	MONTHS <u>5</u>	DAYS <u>29</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeping</u>			
	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) <u>mo</u> <u>0</u>				
FATHER	13. NAME <u>Will Meedman</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u> <u>1</u>			
	15. MAIDEN NAME <u>Essie Passattg</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>seans Knaws</u>			
	17. INFORMANT (ADDRESS) <u>Will Meedman</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Idalia mo</u> DATE <u>April 4 1940</u>				
19. UNDERTAKER (ADDRESS) <u>Hayward Artliffe</u>				
20. FILED <u>May 3 1940</u> <u>P. D. McDaniel</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3 1940

22. HEREBY CERTIFY, that I attended deceased from April 3 1940 to April 3 1940
I last saw her alive on April 3 1940 Death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary T. B. also embolism

Other contributory causes of importance: 22

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? no
If so, specify _____
(Signed) W. H. Speidel M. D.
(Address) Senack mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

RECEIVED

District Health Officer No. 2,

District File Number 540-1051

Date Filed 5/15/40