

WED AUG 19 1940

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

24938
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 204
(b) Township Central Primary Registration District No. 3013
(c) City or Cameron (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

322 Nahomy MIDDAUGH
(a) Residence, No. 406 North Walnut St. (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.R. Middaugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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) Revere, Mo.

FATHER 13. NAME Matthew

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Paul Middaugh

18. BURIAL, CREMATION, OR REMOVAL PLACE Revere, Mo. DATE July 19 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Admorse

20. FILED July 19 1940 A. H. Bailey Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18 1940

22. HEREBY CERTIFY, That I attended deceased from March 6 1939 to July 18 1940
I last saw her alive on July 18 1940 Death is said to have occurred on the date stated above, at 2157 21
The principal cause of death and related causes of importance were as follows:

Myocardial degeneration
Date of onset Unknown

Other contributory causes of importance: _____

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 _____ (Signed) A. O. Gilliland M. D.
185 (Address) Cameron, 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. 11,
District File Number 540-1044
Date Filed AUG 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 *C. Moore*
Licensed Embalmer No. *1180*
P. O. Address *Cameron, N.C.*

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.