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 imp

35
0
0

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

FILED MAY 5 1941

Do not use this space.

14414

1. PLACE OF DEATH

County Douglas — Registration District No. 272 — File No. 34

Township Benton — Primary Registration District No. 5379 — Registered No. 652

City ~~Ava,~~ (No. 1, St. 0 Ward)

2. FULL NAME Phillis Medlock

(a) Residence, No. Ava Mo St. Rural Ward. 0
(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: Female /
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single 0

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 18, 1938

7. AGE: YEARS 2 — MONTHS 5 — DAYS 1 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, 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) Ava, Missouri 0

FATHER
13. NAME Floyd Medlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co, Mo. 0

MOTHER
15. MAIDEN NAME Louise ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Douglas Co, Mo. 0

17. INFORMANT (ADDRESS) Willie Medlock Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ava DATE 4-21-41, 19

19. UNDERTAKER (ADDRESS) Friends 976

20. FILED 4-[illegible], 1941 Reba King White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19, 1941 19

22. I HEREBY CERTIFY, That I attended deceased from 4-10-, 1941, to 4-19-, 1941

I last saw h..... alive on ....., 19..... 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:

Tuberculous Meningitis

Date of onset

Other contributory causes of importance: 14

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? .....

If so, specify .....

(Signed) M. C. Gentry 0, M. D.

(Address) Ava Mo

M.C. Gentry

RECEIVED
District Health Officer No. 8
District File Number 541-678
Date Filed May 2 1941