

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.

REC'D SEP 23 1938

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

29010
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
(b) Township 1 Primary Registration District No. 3018 Registered No. _____
(c) City Clinton (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

Maragut Emily Angle 504
(a) Residence, No. 308 South 1st St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

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

7. AGE YEARS 74 MONTHS 1 DAYS 1 If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Dress maker
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) Edgar Co Ill

FATHER 13. NAME Isaac Ellidge

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edgar Co Ill

MOTHER 15. MAIDEN NAME Mrs Roy Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston W Va

17. INFORMANT (ADDRESS) Osola Mrs

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE 9/8 38

19. FUNERAL DIRECTOR (ADDRESS) Consalids Beck
Charleston W Va

20. FILED 9-12 1938 D J R Hampton
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 1938

22. I HEREBY CERTIFY, That I attended deceased from 34 Sept 6 1938 to Sept 6 1938
I last saw her alive on Sept 6 30 1938 Death is said to have occurred on the date stated above, at 12 p.m.
The principal cause of death and related causes of importance were as follows:

Uremia due to chronic hypertensive Cardio-renal disease vascular
Date of onset _____

Other contributory causes of importance: none 131

Name of operation W Date of _____
What test confirmed diagnosis? clinical 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 W
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) S B Hughes _____ M. D.
(Address) Clinton, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-63

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I, Merrill Dale Snow, Licensed Embalmer No. 4034

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Merrill Dale Snow

Licensed Embalmer No. 4034

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.)