

1938 SEP 23

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

29029
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Leavitt Primary Registration District No. 5501A Registered No. _____
 (c) City Brownington (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Brownington, Mo. 1109
 (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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jess Cahill 1857

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-11-1857

7. AGE YEARS 81 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ Amin.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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 Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) California Mo

13. NAME Thomas Coal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

15. MAIDEN NAME Melissa Marling

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

17. INFORMANT (ADDRESS) Jess Cahill Brownington

18. BURIAL, CREMATION, OR REMOVAL PLACE Good Hope DATE 8-17-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed. C. Peltor Clinton, Mo

20. FILED 8-20, 1938 D. J. R. Naphon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-31, 1937, to 8-15, 1938
 I last saw her alive on 4-17, 1938 Death is said to have occurred on the date stated above, at 1:30 PM
 The principal cause of death and related causes of importance were as follows:

Mitral Disease
Acromyoclonic Fibrillation
Obstructive Eryth

Other contributory causes of importance: 920

Name of operation None 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) Ed. C. Peltor, M. D.
 (Address) Clinton, Mo

A. E. - Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 71

District File Number 7-38-70

Date Filed 9-14-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{not} by me,

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

Fred Welkerson

Licensed Embalmer No. 2478

P. O. Address

Clinton, Mo

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.