

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

Do not use this space.

42337

JAN 21 1936

1. PLACE OF DEATH

County *Wright*  
Township *Wm. Moore*  
City *Wright* (No. *1037*)

Registration District No. *908*  
Primary Registration District No. *4549*

File No. ....  
Registered No. *80* St. .... Ward)

2. FULL NAME

(a) Residence, No. .... 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. *2* 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) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 4 - 1906*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*37 29 28*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House keeper*

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) *Wright Co. Mo*

13. NAME *Nathaniel Darla*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky.*

15. MAIDEN NAME *Dora Ellis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wright Co.*

17. INFORMANT (ADDRESS) *Jewel Doby*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Stable Cem.* DATE *12-21-1935*

19. UNDERTAKER (ADDRESS) *Walter Funeral Home*

20. FILED 19... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 29 1935*

22. I HEREBY CERTIFY, That I attended deceased from *Nov 1 1935*, to *Dec 29 1935*

I last saw him alive on *Dec 29 1935*. Death is said to have occurred on the date stated above, at *6:45 a. m.*

The principal cause of death and related causes of importance were as follows:

*Severe burn from coal oil explosion while kindling fire* (Date of onset *Nov 1*)

Other contributory causes of importance: *Misreading of six and one half months* (Date *Dec 5*)

Name of operation *None* Date of ...  
What test confirmed diagnosis? *None* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *accident* Date of injury *Nov 1, 1935*

Where did injury occur? *Texas Co. Mo.* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *In home*

Manner of injury *See above*

Nature of injury " " " "

24. Was disease or injury in any way related to occupation of deceased? *Yes*

If so, specify *Residing in kitchen stove*

(Signed) *A. B. Orms*, M. D.

(Address) *Mountain Grove Mo.*

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.



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

Do not use this space.

**1. PLACE OF DEATH**

County Wright  
Township St. Gabriel  
City St. Gabriel (No. ...., St. .... Ward)

Registration District No. 908  
Primary Registration District No. 4549

File No. 42327  
Registered No. 80

**2. FULL NAME**

(a) Residence, No. ...., St. ...., Ward. ....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
29 - -

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 8-17 1936 Berice Montgomery Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 . 19 35

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Severe burns from hot oil explosion while handling fire

Other contributory causes of importance:

Shedding fire in stove and kept here lit. Causing her clothes to catch fire.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? A.C.C. Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)  
Home -

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) A. L. Ames, M. D.  
(Address) mtn. Grove mo.

**SUPPLY**

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.

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