

DEC 14 1937

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

40537

Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW Registration District No. 11
(b) Township CLAY Primary Registration District No. 50.14 Registered No. 8
(c) City FILLMORE (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 MRS. FLOY BEATRICE WARDLOW

(a) Residence, No. FARM St. _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 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 LEROY WARDLOW
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 17 - 1888
7. AGE YEARS 49 MONTHS 5 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 16, 1937

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to Nov. 11, 1937
Last saw her alive on Nov - 11, 1937. Death is said to have occurred on the date stated above, at 100 m.
The principal cause of death and related causes of importance were as follows:

Cerebral HemorrhageDate of onset
11-16-37

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AT HOME
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 _____

Other contributory causes of importance:

Nephritic Glomerulonephritis
Atherosclerosis
Cardiac Hypertrophy
None

no

12. BIRTHPLACE (CITY OR TOWN) FILLMORE (STATE OR COUNTRY) MO

13. NAME DAVID BURNS
14. BIRTHPLACE (CITY OR TOWN) FILLMORE (STATE OR COUNTRY) MO

15. MAIDEN NAME ELIZABETH MESSICK
16. BIRTHPLACE (CITY OR TOWN) FILLMORE (STATE OR COUNTRY) MO

17. INFORMANT Peran Wardlow (ADDRESS) Fillmore, Mo. R. F. D.18. BURIAL, CREMATION, OR REMOVAL PLACE FILLMORE DATE Nov-18-, 193719. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO20. FILED Nov. 18, 1937 Mrs. Addie Burned Local Registrar.Name of operation _____ Date of _____
What test confirmed diagnosis? C.P.S. 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 none
Nature of injury none

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

STATEMENT BY LICENSED EMBALMER

I, J. Fred Turkine, Licensed Embalmer No. 1279
hereby certify that the body recorded on the reverse side of this certificate was embalmed by J. Fred Turkine
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. Fred Turkine
Licensed Embalmer No. 1279

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.)