

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

Do not use this space.

3535

1. PLACE OF DEATH

County New Madrid Registration District No. 604
 Township Lafont Primary Registration District No. 5798
 City Conrad (No. _____ St. _____ Ward _____)

2. FULL NAME

Francis Melvina Uhler 420

(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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harve Uhler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1856
 7. AGE YEARS 81 MONTHS 11 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

FATHER MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County Ky
 13. NAME Alex Anderson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Marcie Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westville Tenn
 17. INFORMANT (ADDRESS) Mary Kimes J. Conran, Jr.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Leggett, Ark. DATE 2-5 1938
 19. UNDERTAKER (ADDRESS) Walter Russell Leggett, Ark.
 20. FILED 3/23 1938 W. O. Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 38, 19____, to Feb. 3, 38, 19____
 I last saw her alive on Feb. 3, 38, 19____. Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:
Influenza and Capillary Bronchitis

Other contributory causes of importance:

Chronic Endocarditis

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) J. A. Reeder M. D.
 (Address) Postoffice, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3535-
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 604
(b) Township Lafayette Primary Registration District No. 5798 Registered No. _____
(c) City _____ (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 Francis Melvina Ribles

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 2

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis County, Kentucky

13. NAME Alex Anderson

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

15. MAIDEN NAME Narcis Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville, Tenn

17. INFORMANT (ADDRESS) Mary James Cooper

18. BURIAL, CREMATION, OR REMOVAL PLACE Piggott Ark DATE 2-5-1938

19. FUNERAL DIRECTOR (ADDRESS) Lloyd Russell Piggott Ark

20. FILED 3/23 1938 Tom O'Bannon Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1938

I HEREBY CERTIFY, That I attended deceased from Jan 10 1938 to Feb 3 1938
I last saw her alive on Feb 3 1938. Death is said to have occurred on the date stated above, at 8 P.m.
The principal cause of death and related causes of importance were as follows:

Influenza and Capillary Bronchitis Date of onset _____

Other contributory causes of importance: Chronic Endocarditis

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? _____
If so, specify _____
(Signed) A. A. Reeder, M. D.
(Address) Pittsgerlle, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-3535 1938