RECD JUL 19 1938

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

21445
Do not use this space.

1. PLACE OF DEATH
(a) County Butler
(b) Township Poplar Bluff
(c) City Hillard
Registration District No. 89
Primary Registration District No. 5131
Registered No. 113
(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 Mary Elaine Everett
(a) Residence, No. 163 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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1937

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	5	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ---
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) Poplar Bluff, Missouri

FATHER
13. NAME Chas. E. Everett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Qulin, Missouri

MOTHER
15. MAIDEN NAME Dora Irene Mayberry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fisk, Missouri

17. INFORMANT (ADDRESS) Chas. E. Everett, Hillard, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ash Hill DATE June 13, 1938

19. FUNERAL DIRECTOR (ADDRESS) Greer-Croy Service, Poplar Bluff, Missouri

20. FILED 6/13/1938 [illegible] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 8th, 1938, to June 12th, 1938
I last saw h. alive on June 8th, 1938. Death is said to have occurred on the date stated above, at 11:A.m.
The principal cause of death and related causes of importance were as follows:

Acute Bacillary Dysentery — Date of onset 5/26/38

Other contributory causes of importance:
Dehydration
Malnutrition

Name of operation ..... 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) C. L. Burgess, M. D.
(Address) Poplar Bluff, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)