

REC'D JUL 22 1938

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

22398
Do not use this space.

1. PLACE OF DEATH

(a) County Mason Registration District No. 547
(b) Township Mason Primary Registration District No. 3079
(c) City Hannibal (d) Street No. 1716 Lincoln 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

(a) Residence, No. 1716 Lincoln 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

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Engene.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 11 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Rolls county
mo

FATHER 13. NAME Lewis E. Lefever

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

MOTHER 15. MAIDEN NAME Nellie Sullivan

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

17. INFORMANT (ADDRESS) Mr. Engene Ashburn
1716 Lincoln Hannibal mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hannibal mo June 7th 38

19. FUNERAL DIRECTOR (ADDRESS) James O'Connell
Hannibal mo

20. FILED June 6, 1938 H. C. Fisher
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 1938

22. I HEREBY CERTIFY That I attended deceased from 1938 to June 4 1938

I last saw her alive on June 4 1938. Death is said to have occurred on the date stated above, at 6:40 a.m.

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

Pulmonary tuberculosis

Other contributory causes of importance:

Intestinal tuberculosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) W. C. Fisher, M. D.

(Address) Hannibal mo

STATEMENT BY LICENSED EMBALMER

I, Michael J. O'Donnell, Licensed Embalmer No. 3246

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

Myself

L. E.

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

Signed

Michael J. O'Donnell

Licensed Embalmer No. 3246

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.)