

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

Do not use this space.

26627

1. PLACE OF DEATH **SEEN AUG 26 1938**
 County Scott Registration District No. 519 File No. _____
 Township Marley Primary Registration District No. 666 Registered No. _____
 City Marley St. _____ Ward _____

2. FULL NAME Dora E. Congleton
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 6

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

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) Commerce Mo

13. NAME Chas Suvell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Dora Congleton

18. BURIAL, CREMATION, OR REMOVAL PLACE Marley Mo DATE 7/11 1938

19. UNDERTAKER (ADDRESS) C. M. Guplin

20. FILED July 12 1938 Miss D. Congleton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/9 1938

22. I HEREBY CERTIFY, That I attended deceased from 7/4 1938 to 7/9 1938
 I last saw her alive on 7/6 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis
Dysentery 1 wk
 Other contributory causes of importance: 2 3/4 in
Pulmonary
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? No
 If so, specify _____
 (Signed) J. A. Clune, M. D.
 (Address) Oran Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

