

DEC 19 1938

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

39313

Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 878
 (b) Township 1, Primary Registration District No. 4222 Registered No. 70
 (c) City Fayette, (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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17th 1938, 195A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. Munn

22. I HEREBY CERTIFY, That I attended deceased from

10-17, 1938 to 11-17, 1938I last saw her alive on 11-17, 1938 Death is said

to have occurred on the date stated above, at _____ m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/6th 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
53 7 12

Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

Tremic Coma
Nephritis
131

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:

Cardio Vascular - Renal Disease 193x12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania13. NAME Joseph Terrill14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania15. MAIDEN NAME Martha Wine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MissouriName of operation None Date of _____What test confirmed diagnosis? None Was there an autopsy? h

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.

17. INFORMANT (ADDRESS) Dr A. J. Munn, Fayette, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Monroe City, Mo DATE 11/19th 1938

Manner of injury _____

Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, Fayette, Mo.24. Was disease or injury in any way related to occupation of deceased? h

If so, specify _____

(Signed) Dr A. J. Munn, M. D.20. FILED Dec. 8, 1938 V. C. Bonham Local Registrar. 339 (Address) Fayette Mo

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 12/2/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.