

REC'D MAY 19 1939

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

15141

Do not use this space.

1. PLACE OF DEATH

(a) County Gasper Registration District No. 408
(b) Township Barthage Primary Registration District No. 3020 Registered No. 61
(c) or City Barthage (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 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anna Valentine
(a) Residence, No. 1178 S Main 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. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 23, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 4 15
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) Grappine Kansas

FATHER 13. NAME E. J. Treese

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

MOTHER 15. MAIDEN NAME Nettie Ellison

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

17. INFORMANT (NAME) (ADDRESS) John J. Valentine 1178 S. Main - Barthage

18. BURIAL, CREMATION, OR REMOVAL Harper Kans. DATE Apr. 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Kneel Mortuary Barthage, Mo.

20. FILED April 10, 1939 E. J. McEntire, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13, 1936, to April 8, 1939
I last saw her alive on April 8, 1939. Death is said to have occurred on the date stated above, at 10:50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
Chronic Myocarditis
acute pulmonary edema
Date of onset _____

Other contributory causes of importance: Diabetes Mellitus

Name of operation none Date of _____
What test confirmed diagnosis physical 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) George H. Wood, M. D.
(Address) Barthage Mo.

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.

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1-210603

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1063

Date Filed MAY 10 1939

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.....

Emma R. Kull, Registered Apprentice No. 391
working under my personal supervision.

Signed Emma R. Kull
Licensed Embalmer No. 391

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.