

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.

JUL 13 1939

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

23436

Do not use this space.

1. PLACE OF DEATH
Stoddard

(a) County Stoddard Registration District No. 836
(b) Township Elk Primary Registration District No. 6100
(c) City (d) Street No. Registered No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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 Ada Belle Daniels

(a) Residence, No. Essex, Missouri Route 1 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
16 1

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. Housewife
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) Arkansas

FATHER
13. NAME Thomas Marshall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Ada Patton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Thomas Marshall
(ADDRESS) Route 1, Essex, Missouri

18. BURIAL PLACE OR REMOVAL PLACE Sunaut Cemetery DATE July 6, 1939

19. FUNERAL DIRECTOR (NAME) E. J. Tolsh
(ADDRESS) Sikeston, Missouri

20. FILED 19. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-39

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19. I last saw him alive on July 7, 39. 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:
Pneumonitis Date of onset

Other contributory causes of importance:

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) G. N. Wilber, M. D.
793 (Address) Lilbourn Mo

124

APR 29 1947

RECEIVED

District Health Officer No. 2,

District File Number 729-63

Date Filed 7-12

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.

Body not embalmed

Signed H. J. Miller

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

23436
Do not use this space.

1. PLACE OF DEATH
 (a) County Stoddard Registration District No. 836
 (b) Township Elm Primary Registration District No. 6100 Registered No. 29
 (c) City _____ (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 yes mon ds. (f) How long in U. S., if of foreign birth? yes mos. ds.

2. PRINT FULL NAME Ada Belle Daniels
 (a) Residence, No. Essey, mo Rt 1 St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-7-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 1 _____

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

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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on July 7, 1939. 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:
Peritonitis
Abortion

Other contributory causes of importance: 140

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

FATHER 13. NAME Thomas Marshall

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

MOTHER 15. MAIDEN NAME Ada Patton

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

17. INFORMANT (ADDRESS) Thomas Marshall
H. J. Essey mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Ave DATE July 8, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. J. Welsh
Essey mo

20. FILED 8-7-1939 Laura Hopkins
Local Registrar.

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) B. N. Wilson, M. D.
 (Address) Litbourne mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRARS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1947