

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

24141
 Do not use this space.

AUG 11 1939

1. PLACE OF DEATH

(a) County S Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 6414
 (c) City..... (d) Street No. Barnes Hospital 3649 Vista Ave. 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. 416 Mrs. Isabel Malburne St. 6
5506 A Wells Ave
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 23 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 5 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Registered Nurse
 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) Farmington, Mo.

FATHER 13. NAME Samuel Welborne

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doe Run, Mo.

MOTHER 15. MAIDEN NAME Elizabeth Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Mrs. Mary Bradley, 5506 A. Wells Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gate to hollies bur DATE July 22 1939

19. FUNERAL DIRECTOR (ADDRESS) Carroll's Undertaking Co. 1416 Washington Ave. S.W.

20. FILED JUL 21 1939 J. F. B. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/13 1939 to 7/20 1939

I last saw her alive on 7/20 1939 Death is said to have occurred on the date stated above, at 6.11 A.M.

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

Septicemia (otopharyngemia)? Date of onset

Other contributory causes of importance:

Abscessed throat retro tonsillar abscess non suppurative cause unknown

Name of operation none Date of autopsy
 What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 1939

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 (BIRD SALL)

(Signed) Thomas E. Bondage, M. D.
 (Address) 4660 Maryland

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 3281

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

..... L. E.

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

Signed Philip M. Craig
Licensed Embalmer No. 3281

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.)