

REC'D AUG 1 1939

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

Do not use this space.

25253

1. PLACE OF DEATH

County CandlenRegistration District No. 120Township RussellPrimary Registration District No. 5-172City Macke Creek Mo (No. _____) St. _____ Ward _____

File No. _____

Registered No. 4

St. _____ Ward _____

2. FULL NAME

(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.

yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Will Miles6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 18687. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 98. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Family Housekeeper10. Date deceased last worked at this occupation (month and year) 1-9-36 11. Total time (years) spent in this occupation 4 1/212. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Marion Eldred14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Jane Devore16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT B. H. Cabany Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Macke Creek Mo DATE 6-12-193919. UNDERTAKER L. B. Jones(ADDRESS) Antkato Mo20. FILED 6-11-39 D. S. Myers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1939I HEREBY CERTIFY, That I attended deceased from Jan 12th 1935 to June 11th 1939I last saw h. w. alive on June 10th 1939. Death is said to have occurred on the date stated above, at 5:30 a. m.The principal cause of death and related causes of importance were as follows:
Carcinoma of Liver Date of onset 1936Other contributory causes of importance: 46

Name of operation _____ Date of _____

What test confirmed diagnosis? autops 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) G. T. Myers M. D.(Address) Macke Creek 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.

