

REC'D AUG 18 1939

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

26057

Do not use this space.

1. PLACE OF DEATH

(a) County LACLEDE Registration District No. 449
(b) Township OSAGE Primary Registration District No. 5618
(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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

366 PERMELIA CATHERINE NEATHERY
(a) Residence, No. LEBANON MO R.I. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MARTIN NEATHERY
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 29-1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
86 1 28
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
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)..... FAYETTE CO ILL.
(STATE OR COUNTRY)
13. NAME DANIEL BROWNING I
14. BIRTHPLACE (CITY OR TOWN)..... KY
(STATE OR COUNTRY)
15. MAIDEN NAME MARGARET HARRIS
16. BIRTHPLACE (CITY OR TOWN)..... KY
(STATE OR COUNTRY)
17. INFORMANT Martin Neathery
(ADDRESS) R.I. Lebanon Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE LEBANON MO DATE July 29 1939
19. FUNERAL DIRECTOR (NAME) PALMERS
(ADDRESS) LEBANON MO
20. FILED 7-28-39 J.A. McCoub
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1939
22. I HEREBY CERTIFY That I attended deceased from June 5 1939 to July 27 1939
I last saw her alive on July 22 1939 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma of bowel (descending colon) Date of onset June 39
Other contributory causes of importance: 46
Secondary
Obstruction
Name of operation none Was there an autopsy? no
What test confirmed diagnosis? Physical Exams
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) J.A. McCoub D.
(Address) Lebanon Mo

RECEIVED

District Health Officer No. 7

District File Number 7-39-11

Date Filed 8-9-39

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. 1161

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.