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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32121

Registration District No. 4

Primary Registration District No. 5798

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural (La Font) Tr.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 months 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

(c) City or town Rural 072
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Lizzie Ferrill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 5 (Day) 1879 (Year)

8. AGE: Years 62 Months 8 Days 17 If less than one day hr. min.

9. Birthplace La Rose Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation —

11. Industry or business

FATHER
12. Name John L. Mattingly
13. Birthplace La Rose Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Eliza Perkins
15. Birthplace La Rose Co. (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Rayford Ferrill
(b) Address Portageville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-24-1941 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director De Lisle Funeral Parlor
(b) Address Portageville Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1941 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from Sept 15 1941 to Sept 22 1941 that I last saw her alive on Sept 21, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocarditis	5 years
Congestive heart failure	10 days
Due to: Pellagra	4 years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations none
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Conrad (M. D. or other) M.D.
Address Portageville, Mo Date signed 9-23-41

(Licensed Embalmer's Statement on Reverse Side)

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 Noel C. Dean, Registered Apprentice No. ..... working under my personal supervision.

Signed Noel C. Dean

Licensed Embalmer No. 3941

P. O. Address Portageville N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
—8-21-41
PI X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32121

Registration District No. 604 Primary Registration District No. 5798 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Portageville (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Mary L. Firrill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 5 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days If less than one day hr. min.

9. Birthplace
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace
(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof
(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 11-29-41 (Date received local registrar) (b) Vow O'Bannon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 22 year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

32121