

AUG 12 1939

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

24935
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
(b) Township McDonald Primary Registration District No. 5045A Registered No. 26
(c) City..... (d) Street No.....
(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. 352 Fannie Munnick McIntosh 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James McIntosh</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 17, 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>10</u>
	DAY <u>16</u>	If LESS than 1 day,hr. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, e.g., sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, e.g., saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) <u>Pennsylvania</u>	
FATHER	13. NAME <u>Cardel Fowler</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Unknown</u>	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
MOTHER	17. INFORMANT (NAME) <u>Walter McIntosh</u>	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Granhart</u>
	(ADDRESS) <u>Burdys, Mo.</u>	DATE <u>July 5, 1939</u>
19. FUNERAL DIRECTOR (NAME) <u>Blackschips</u>	(ADDRESS) <u>Mount. Burdys</u>	
20. FILED <u>July 10, 1939</u>	<u>Donald Blackschip</u>	Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1939

I HEREBY CERTIFY, That I attended deceased from July 1st, 1939, to July 3, 1939
last saw her alive on July 3, 1939 Death is said to have occurred on the date stated above, at 11:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Date of onset 7-3-39

Other contributory causes of importance:

Sty. Tuberculosis
Senility

Name of operation..... Date of.....
What test confirmed diagnosis? Phys. 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) J. D. Baldwin

(Address) Burdys Mo.

RECEIVED

District Health Officer, No. 6,

District File Number 829-1541

Date Filed AUG 8 1939

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,

L. H. Blankenship

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

L. H. Blankenship

Licensed Embalmer No. 2397

P. O. Address Monett, Mo.

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.