

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

Do not use this space.

7431

MAR 25 1936

1. PLACE OF DEATH

County St. Francois
 Township Flat River
 City Flat River (No. _____) St. _____ Ward _____

Registration District No. 774
 Primary Registration District No. 4465

File No. 279
 Registered No. _____

2. FULL NAME

(a) Residence, No. Mrs. Cora S. Revele 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. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. Isaac J. Revele

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own home
 10. Date deceased last worked at this occupation (month and year) 2-12-34 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County

FATHER 13. NAME Mr. W. H. Revele

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

MOTHER 15. MAIDEN NAME Miss Nancy Trapp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison

17. INFORMANT Mrs. Isaac Revele - Husband
 (ADDRESS) Flat River, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Revel County, Ind. DATE February 13, 1936

19. UNDERTAKER Alvin W. Wood
 (ADDRESS) Flat River, Mo.

20. FILED 2-19, 1936 O. B. Barrax
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9, 1925 to Feb. 12, 1936
 I last saw her alive on Jan. 31, 1936 Death is said to have occurred on the date stated above, at 2:30 a. m.
 The principal cause of death and related causes of importance were as follows:

Heart disease (valvular) Date of onset _____

Other contributory causes of importance:

Nephritis (chronic)

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys. Exam. 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. J. Colebrook, M. D.
 (Address) Flat River, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

