ORIGINAL

STANDARD CERTIFICATE OF DEATH

State Department of Health
Division of Vital Statistics
STATE OF IOWA

21636

807 IOWA

1. PLACE OF DEATH

County Schuyler State: Missouri Registered No. 3

Township Chariton or Village 605-2 or

City ~~Coatesville~~ No. St. Ward

(If death occurred in a hospital or institution give its name instead of street and number)

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.

2. FULL NAME Laura Childs

(a) Residence. No. St. Ward
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)
female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of W. M. Childs

6. DATE OF BIRTH (month, day, and year) Mar. 3, 1865

7. AGE Years	Months	Days	If less than 1 day, ...hrs. or ...min.
67	3	4	

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. 235

10. Date deceased last worked at this occupation (month and year) 1931

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (city or town) (State or country) Appanoose County, Iowa

FATHER

13. NAME Wesley Edwards

14. BIRTHPLACE (city or town) (State or country) Kentucky

MOTHER

15. MAIDEN NAME Jane Thompson

16. BIRTHPLACE (city or town) (State or country) Brown County, Ohio

17. INFORMANT W. M. Childs
(Address) Coatesville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
Place Coatesville Cem. Date June 10, 1932

19. LICENSED EMBALMER E. R. Moen No. 2497
(Address) Moulton, Iowa

20. FILED 6-10, 1932 Clarence Fell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 2nd, 1931 to June 7th, 1932

I last saw he alive on June 7th, 1932 death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance in order of onset were as follows: Date of onset

Carcinoma of stomach

Contributory causes of importance not related to principal cause:

Name of operation — Date of —

What test confirmed diagnosis? — 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) E. L. Cox, M. D.

(Address) Moulton, Ia.

(OVER)

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

V. S. No. 155—Original

JUL 27 1932

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIANS.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY LICENSED EMBALMERS.

Has decedent ever served in military or naval service of the U. S.?..... If so give name of War.....

I, E. R. Moen Licensed Embalmer No. 2497 hereby certify that the body recorded on the reverse side of this certificate was embalmed by..... L. E. No..... or by Marvin J. Richardson Registered apprentice No. 346 working under my personal supervision.

Signed E. R. Moen

Licensed Embalmer No. 2497

NOTE: The above statement MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license).