

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.

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

32506

Do not use this space.

1. PLACE OF DEATH

- (a) County.....
(b) Township.....
(c) City.....
(c) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.....
Primary Registration District No.....

791
1003

Registered No. 8560

- (d) Street No. City Hospital # 2 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. 3101 a Thomas St. 21 (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 Female	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Smith		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt 32		
7. AGE YEARS 32	MONTHS	DAYS
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
	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) (STATE OR COUNTRY) artesia Miss.
--

FATHER	13. NAME unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER	15. MAIDEN NAME unknown
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Jack Bennett 3101 a Thomas St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father DuPont Sept 12, 1937 Wright Funeral Home

19. FUNERAL DIRECTOR (ADDRESS) J. S. S. Canton Ave

20. F. SEP 12 1937 J. E. Bredeck Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 8 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw him alive on 11-3-37 Death is said to have occurred on the date stated above, at 11:30 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary
Tuberculosis

Other contributory causes of importance:

Name of operation... Date of...
What test confirmed diagnosis? 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... See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Joseph W. Quinn, M.D.
(Signed) Deputy Coroner

STATEMENT BY LICENSED EMBALMER

I, Chas. Gamble, Licensed Embalmer No. 2349

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

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

Signed

Chas. Gamble

Licensed Embalmer No. _____

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.)