

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

2631
 Do not use this space.

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 282
 (b) Township _____ Primary Registration District No. 4166 Registered No. 60
 (c) City Campbell (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Margaret Virginia White 300
 (a) Residence, No. _____ 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M.S. White
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1870
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
 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) North Carolina

FATHER 13. NAME Alvis Allen 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) May J. Doran Campbell Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE 7/16 1938

19. FUNERAL DIRECTOR (ADDRESS) Dunklin Funeral Home Campbell

20. FILED 7/15 1938 E. W. Anderson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 1938
 22. I HEREBY CERTIFY That I attended deceased from here 1, 1937, to Jan 15, 1938
 I last saw him alive on _____, 19____ Death is said to have occurred on the date stated above, at 7:20 P.M.
 The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify John R. Brown, M. D.
 (Signed) _____ (Address) Campbell, Mo.
956

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.

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 28

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FEB 24 1938

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MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Ew Sanders, Licensed Embalmer No. 2289

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Ew Sanders

Licensed Embalmer No. 2289

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.)