

REC'D MAR 25 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8385
Do not use this space.

1. PLACE OF DEATH

(a) County Leas
(b) Township Ozark
(c) City Ozark

Registration District No. 10743Primary Registration District No. 4141Registered No. 1

(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

(a) Residence, No. _____ St. ☐ _____
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX P 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 Jack Mc Kinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mo13. NAME Kage Miller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Malinda E. Matthews16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Ed Mc Kinney

18. BURIAL, CREMATION, OR REMOVAL PLACE Ozark DATE 2/3/38

19. FUNERAL DIRECTOR (ADDRESS) Houston20. FILED 7/38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/1/38

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

I last saw _____, 19.... Death is said to have occurred on the date stated above, at _____ m.

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

Had had measles and was up & around to go suddenly. Bad & died.

Other contributory causes of importance:

No Physician in attendance

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 _____

(Signed) Houston(Address) Houston Mo

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.

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.....

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.)