

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

REC'D APR 23 1938

10324  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Camden Registration District No. 117-119  
Jackson Primary Registration District No. 51-67 Registered No. 14  
 (c) City Montreal (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. R.F.D. #1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Lawson  
Stacy Perryman  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 - 1907  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
31 1 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. bookkeeper  
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
 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) Halsey Ky.

FATHER 13. NAME Oliver C. Boice  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Jessie Thomason  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT Jessie Jeffries  
 (ADDRESS) Montreal Mo R.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Freedom Co. DATE April 15 38

19. FUNERAL DIRECTOR Banks - Wooley  
 (ADDRESS) Camden Mo

20. FILED May 10, 1938 Lizzie Hellen  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-9, 1938, to 4-14, 1938  
 I last saw h. c. f. alive on 4-14, 1938. Death is said to have occurred on the date stated above, at 3:30 P. m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 1938  
acute

Other contributory causes of importance: none

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys. S. & X-rays 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. E. Lubron, M. D.  
 (Address) Camden Mo

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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**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.)**