

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.

Dr. W. S. Chapman
Miners Bank
REC'D APR 20 1938

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

11080
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
(b) Township Walden Primary Registration District No. 2002 Registered No. _____
(c) City Jasper (d) Street No. St. Johns Hosp. 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. Jasper Mo. R. # 536 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20-1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
0 0 14 days

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. infant
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) Jasper Mo

FATHER 13. NAME L. L. Boyd

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webb City, Mo

MOTHER 15. MAIDEN NAME Ellen Mathis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Diamond Mo

17. INFORMANT (ADDRESS) L. L. Boyd Jasper, R. # 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Stony Point Cem DATE March 8 38

19. FUNERAL DIRECTOR (ADDRESS) Frank Speiers

20. FILED 3-7-38 Ed Danner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1938 to March 7, 1938. I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 2:40 m.

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

Pneumonia, Influenza Date of onset _____

Other contributory causes of importance: Malnutrition

Name of operation _____ Date of _____

What test confirmed diagnosis? physical 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? _____

If so, specify (Signed) W. S. Chapman, M. D. (Address) Jasper, Mo.

STATEMENT BY LICENSED EMBALMER

I, David Dillon Licensed Embalmer No. 3898

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

L. E.

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

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.)