

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

11414  
Do not use this space.

REC'D APR 21 1938

1. PLACE OF DEATH

(a) County Madison Registration District No. 638  
(b) Township \_\_\_\_\_ Primary Registration District No. 3028 Registered No. 20  
(c) City Fredericktown (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 Mrs Belle Villars 4621

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr Louis J Villars

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
88 0 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
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) Fronton (STATE OR COUNTRY) Missouri

FATHER 13. NAME Felix Gregory

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Juhatte

16. BIRTHPLACE (CITY OR TOWN) Selling Green (STATE OR COUNTRY) Ky

17. INFORMANT Eus Villars (ADDRESS) Fredericktown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE Mar 4 1938

19. FUNERAL DIRECTOR Ed J Webb (ADDRESS) Fredericktown Mo

20. FILED Mar 9 1938 S. C. Slaughter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1938, to 3/1 1938

I last saw alive on 3/1 1938 Death is said to have occurred on the date stated above, at 8:25 P.M.

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

Asphyxiation

Date of onset 2/27

Other contributory causes of importance: Lobar pneumonia

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? no  
If so, specify no (Signed) W. Harry Garrison, M. D.

(Address) Fredericktown

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.

1-12004

STATEMENT BY LICENSED EMBALMER

I, Ed H Webb, Licensed Embalmer No. 131

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 Ed H Webb

Licensed Embalmer No. 131

**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.)**