

REC'D APR 4 1938

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

11585

Do not use this space.

1. PLACE OF DEATH

(a) County NEW MADRID Registration District No. 604
(b) Township NEW S. NEW MADRID Primary Registration District No. 5802 Registered No. _____
(c) City New Madrid (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

PANSY PARLEE DE BAUN 150
(a) Residence, No. 11 MOUNTS St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
11

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
(Child)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LITKOVAN, Mo

13. NAME VIRGIL DE BAUN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi, Co.

15. MAIDEN NAME PAE DODFREY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW MADRID

17. INFORMANT (ADDRESS) Virgil DE BAUN

18. BURIAL, CREMATION, OR REMOVAL PLACE NEWANOE DATE MARCH 27 1938

19. FUNERAL DIRECTOR (ADDRESS) RICHARDS AND CO. NEW MADRID

20. FILED 4/1 1938 Wm O'Bannon Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-19 1938, to 3-27 1938
I last saw her alive on 3-22 1938 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia, diffuse
Bacteremia acute

Date of onset 3-21-38

Other contributory causes of importance 119 1/2"

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 _____

(Signed) Louis J Smith, M. D.

533 (Address) New Madrid 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.)