

REC'D MAY 10 1938

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

15378  
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605  
(b) Township Come Primary Registration District No. 4359 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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.  (If nonresident, give city or town and State)  
Stille Born 631  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female COLOR OR RACE White 4. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 4-25 1938, to 4-25 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-25-1938

I last saw him ..... alive on ..... Death is said to have occurred on the date stated above, at 4:00 P.M.

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

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
9. Industry or business in which work was done, as saw mill, bank, etc. nil  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation 0

Stille Born  
Date of onset  
Other contributory causes of importance:  
Name of operation ..... Date of .....  
What test confirmed diagnosis Clinical Was there an autopsy no

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

FATHER 13. NAME Carlie Bradford

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

MOTHER 15. MAIDEN NAME Carlie Whitehead

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

17. INFORMANT (ADDRESS) Carlie Bradford  
Stille Born P.O. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Home yard DATE 4-25-38

19. FUNERAL DIRECTOR (ADDRESS) None

20. FILED 4-25-38 Dr. Geo. N. Husted  
Local Registrar. 534

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 Stille Born (Signed) Carlie Bradford M. D.

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.)**