

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17702

Do not use this space.

1. PLACE OF DEATH

(a) County Boone
(b) Township Cedar
(c) City BooneRegistration District No. 1102Primary Registration District No. 1102Registered No. 11

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. Ms Baine R

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

BABY

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

BABY

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

APR 28 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or min.

3

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.

BABY

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)

Boone Co Mo

FATHER

13. NAME

Greene Acton

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

Boone Co Mo

MOTHER

15. MAIDEN NAME

Sallie Calvin

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

Boone Co Mo

17. INFORMANT (ADDRESS)

Green ActonMs Baine mo R

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washville TennMay 3 1938

19. FUNERAL DIRECTOR (ADDRESS)

R. W. Wiley

20. FILED

May 9 1938 Mrs Cend Ward

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

May 2 1938

22. I HEREBY CERTIFY, That I attended deceased from

4-28 1938 to May 1 1938I last saw her... alive on 5-9-1938 Death is saidto have occurred on the date stated above, at 1030 A.M.

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

ecterus Neonatorum

Date of onset

Other contributory causes of importance:

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?

If so, specify

(Signed) F. H. Williams, M. D.(Address) Boone Co Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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 *Lynwood J. Spence*
Lynwood J. Spence
Licensed Embalmer No. *4013*

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.)