

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

18561
 Do not use this space.

REC'D JUN 20 1938

1. PLACE OF DEATH

(a) County Gasper Registration District No. 411
 (b) Township 1 Primary Registration District No. 2002
 (c) City Gasper (d) Street No. 514 West 8th 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. 514 West 8th 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 widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Hurre
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 13 - 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 21
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) Apr 26 - 38 11. Total time (years) spent in this occupation 60

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1938
 22. HEREBY CERTIFY, That attended deceased from Apr 15 35 to May 6 38
 I last saw her alive on May 6 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis
Hyper tension
 Other contributory causes of importance:
None

Date of onset 7935

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

13. NAME Michael Bambridge

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

15. MAIDEN NAME Elizabeth Harwood

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

17. INFORMANT (ADDRESS) Agnes Stults
Cronosgo mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carthage mo DATE May 9 1938

19. FUNERAL DIRECTOR (ADDRESS) Kull Seed Co
Carthage mo

20. FILED 5-7 1938 Ed James Local Registrar.

Name of operation none Date of no
 What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 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) H. H. Wellen M. D.
Gasper mo (Address)

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.....

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.)