

REC'D JUN 9 1938

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

*Dr. Chap*  
19103  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Pemiscot Registration District No. 660  
 (b) Township Vergenia Primary Registration District No. 6972 Registered No. \_\_\_\_\_  
 (c) City Steele (d) Street No. 4392 St. \_\_\_\_\_  
 (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 Martha Emiline Michie  
 (a) Residence, No. Steele Mo. St.  (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) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W.A. Michie  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7th, 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
81 6 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper  
 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) (STATE OR COUNTRY) Kennett Mo.  
 FATHER 13. NAME D.K.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.  
 MOTHER 15. MAIDEN NAME D.K.  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

17. INFORMANT (ADDRESS) Mrs Lena Bannard Steele, Mo. R.2  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bannard Cem DATE June 1  
 19. FUNERAL DIRECTOR (ADDRESS) German Undt Co Steele, Mo.  
 20. FILED June 10, 1938 L. A. Dickinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1938  
 22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to June 1, 1938  
 I last saw her alive on June 1, 1938 Death is said to have occurred on the date stated above, at 12:15 m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplectic Stroke  
Hypertension  
Obesity  
 Other contributory causes of importance: 82nd  
 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) J. P. Chapman, M. D.  
 (Address) \_\_\_\_\_

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 the above constitutes grounds for revocation of license.)**