

REC'D JUN 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19738

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 842
 (b) Township Linn Primary Registration District No. 6259
 (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)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25
 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

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

13. NAME Bill Brewer

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

15. MAIDEN NAME Lavinia Jenkins

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

17. INFORMANT (ADDRESS) Jack Robertson
Crane Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Anderson DATE 5-26-38

19. FUNERAL DIRECTOR (ADDRESS) Hane + Munn
Crane Mo.

20. FILED 5-25-38 Mrs Ethel Dwyer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May - 7 - 1938, to May - 25 - 1938

I last saw her alive on May - 24 - 1938. Death is said

to have occurred on the date stated above, at 11:50 a.m.

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

Whooping Cough
(Pertussis)
 Date of onset 2-10-38

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Clinical 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) H. L. Terry, M. D.

(Address) Crane 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.)