

REC'D JUL 17 1938

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

21540

Do not use this space.

## 1. PLACE OF DEATH

(a) County Carroll Registration District No. 137  
(b) Township..... Primary Registration District No. 4097 Registered No. 10  
(c) City Hale (d) Street No.....  
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Cinderella Toille 4211  
(a) Residence, No. Hale Mo. 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 1938

7. AGE YEARS 73 MONTHS 1 DAYS 6  
If LESS than 1 day, ..... hrs. or ..... min.

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. Housewife  
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) Kentucky13. NAME Jacob Hayden14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ky15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Ben F Bills  
Hale Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Locke Ceme. DATE June 26, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Joe M. Koughlin  
Marion Mo20. FILED June 25, 1938 WPK Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 193822. I HEREBY CERTIFY, That I attended deceased from Jan 1930, to June 24, 1938I last saw her alive on June 24, 1938. Death is saidto have occurred on the date stated above, at 5 P m.

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

Chronic Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance: JFH

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? no

If so, specify.....

(Signed) WPK, M. D.(Address) Hale Mo17  
5  
0

Class

Staff

Miss [unclear]  
Staff

Business State District

EL

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Mrs. Blanche M. Laughlin*, or by *Dale Bunch*.

Registered Apprentice No. ...., working under my personal supervision.

Signed *Mrs. Blanche M. Laughlin*

Licensed Embalmer No. *1909*

P. O. Address *Marceline, Mo.*

**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.)**

**If this body is not embalmed, above space should be left blank.**