

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

21924
Do not use this space.

REC'D JUL 25 1938

1. PLACE OF DEATH
 (a) County Grundy Registration District No. 328
 (b) Township Madison Primary Registration District No. 5452 Registered No. _____
 (c) City Trenton, R.F.D. # 3- (d) Street No. _____ 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 5 1/2 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME LULU-DELL-CHAMBERS 516
 (a) Residence, No. _____ 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) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-23rd-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 9 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-wife

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) Missouri

FATHER 13. NAME John Hickman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Laura Campbell 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Charles Chambers
Trenton, Mo - R.F.D. # 3-

18. BURIAL, CREMATION, OR REMOVAL PLACE Springer Cemetery DATE May 18th 1938

19. FUNERAL DIRECTOR (ADDRESS) Bern L. Davis #3216
Trenton, Missouri

20. FILED May 13 1938 Frew D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12th 1938

22. I HEREBY CERTIFY, That I attended deceased from May 12 1938, to May 12 1938
 I last saw him alive on May 12 1938. Death is said to have occurred on the date stated above, at 2:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy Date of onset 5-12-38

Other contributory causes of importance: 181
Ch. Nephritis & arterial hypertension omit known

Name of operation _____ Date of _____
 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? _____ 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) DR. Reeks _____, M. D.
Trenton Mo

300 (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, Bern C. Davis, Licensed Embalmer No. 3216

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Bern C. Davis

L. E.

No. 3216 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Bern C. Davis

Licensed Embalmer No. 3216

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.)