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.

REC'D JUL 11 1938

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

22026
Do not use this space.

1. PLACE OF DEATH
(a) County Iron — Registration District No. 393
(b) Township Went — Primary Registration District No. 5548 — Registered No.
(c) City Goodwater Mo — (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bertha Tomar 560
(a) Residence, No. Goodwater 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) Devorsed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Devorst
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March. 4. 1890
7. AGE YEARS 48 ~~1690~~ MONTHS 3 ~~March~~ DAYS 2 ~~4~~ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 0
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) Iron Co 0

FATHER
13. NAME Edward Payne 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co 1

MOTHER
15. MAIDEN NAME Matthes Mahery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) In Tenasee

17. INFORMANT (ADDRESS) Peter Tucker
18. BURIAL, CREMATION, OR REMOVAL
PLACE Goodwater DATE May 8 1938
19. FUNERAL DIRECTOR (ADDRESS) Otha Foster Goodwater Mo
20. FILED July 5, 1938 Mrs. Ina Volner Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to May 7, 1938
I last saw h..... alive on May 7, 1938. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tuberculosis of the Lungs	

Other contributory causes of importance: 23 A

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) [illegible] , M. D.
355 (Address) Viburnum Mo

(Licensed Embalmer's Statement on Reverse Side)

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 wit the above constitutes grounds for revocation of license.)