

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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

22502
Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605
 (b) Township Como Primary Registration District No. 4359 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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

(a) Residence, No. _____ St. 7 (If nonresident, give city or town and State) _____
 (Equal place of abode, if no street address, write county or city) _____ (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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1938
 7. AGE YEARS 0 MONTHS 00 DAYS 0 If LESS than 1 day, 6 hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
 9. Industry or business in which work was done, as saw mill, bank, etc. Infant
 10. Date deceased last worked at this occupation (month and year) Infant Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parma Mo R 2
 13. NAME Ode Canaday
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
 15. MAIDEN NAME May Stanfield
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manila Ark
 17. INFORMANT (ADDRESS) Ode Canaday
Parma Mo R 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 6-19-38
 19. FUNERAL DIRECTOR (ADDRESS) none
 20. FILED 6-19-38 Dr. Geo. W. Husted Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1938
 22. I HEREBY CERTIFY That I attended deceased from June 18 1938 to June 18 1938
 last saw her alive on June 18 1938 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Premature Birth Date of onset _____
 Other contributory causes of importance: 159-
 Name of operation None Date of _____
 What test confirmed diagnosis: Cervical 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) S. E. Mitchell M. D.
 (Address) Malden Mo

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,, 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.)