

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

22586
 Do not use this space.

REC'D JUL 15 1938

1. PLACE OF DEATH
 (a) County Pemiscot Registration District No. 65-3
 (b) Township Briggodocia Primary Registration District No. 5871 Registered No. 64
 (c) City..... (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 Pretty C. Aish 200
 (a) Residence, No. Pharagocia 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 Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) None
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF None
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-4-1938
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
5 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 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) Briggodocia (STATE OR COUNTRY) Mo

FATHER 13. NAME Henry Aish

14. BIRTHPLACE (CITY OR TOWN) D.K. (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME Bessie Frayer

16. BIRTHPLACE (CITY OR TOWN) D.K. (STATE OR COUNTRY)

17. INFORMANT Henry Aish (ADDRESS) Pharagocia Mo

18. BURIAL, CREMATION OR REMOVAL PLACE County Cemetery DATE 6-10-38

19. FUNERAL DIRECTOR (NAME) Thurmond (ADDRESS)

20. FILED 6-15-38 1938 J.W. Rhodes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-10-1938
 22. I HEREBY CERTIFY, That I attended deceased from June 9, 1938, to June 9, 1938.
 I first saw him alive on June 9, 1938. Death is said to have occurred on the date stated above, at 6:15 P.M.

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

Date of onset 1938

Other contributory causes of importance: 10'

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) O. J. Cairns M. D.
586 (Address) Charlottesville 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.

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
DIVISION OF PROFESSIONAL REGULATION

1984-1985

1. NAME OF DECEASED

2. COUNTY OF DECEASED

3. DATE OF DEATH

4. CITY AND COUNTY OF DECEASED

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P.O. Address

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.