

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.

RECD JUL 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

22600

Do not use this space.

1. PLACE OF DEATH

(a) County Fernie

Registration District No. 653

(b) Township Concord

Primary Registration District No. 5865

(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 1 yrs. 3 mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No.

(Usual place of abode, if no street address, write county or city)

St.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1937

7. AGE YEARS 1 MONTHS 3 DAYS 0 If LESS than 1 day, hrs. 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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Netherland (STATE OR COUNTRY) MO

13. NAME Cleveland Sims

14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Queen Wheeler

16. BIRTHPLACE (CITY OR TOWN) Black Hawk (STATE OR COUNTRY) Missouri

17. INFORMANT Cleveland Sims (ADDRESS) Netherland, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith-MO DATE 6-1 1938

19. FUNERAL DIRECTOR Mrs. J. Smith (ADDRESS) Ray, MO

20. FILED 6-11 1938 JWP/Phoebe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 24 1938 to June 1 1938. I last saw her alive on May 26 1938. Death is said to have occurred on the date stated above, at 1212 m. The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
1212
Other contributory causes of importance Brucella dysenteriae 5-23-38

Name of operation S & S Date of no
What test confirmed diagnosis? S & S Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Asbury, M. D.
(Address) Hayden, MO

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.)