

REC'D AUG 10 1938

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

25638

Do not use this space.

**1. PLACE OF DEATH**

(a) County Jasper Registration District No. 417  
 (b) Township W. 1st Primary Registration District No. 3021 Registered No. 50  
 (c) City Walt City (d) Street No. 215 EAST CHURCH. 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**

(a) Residence, No. 215 East Church 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 2, 1864

7. AGE YEARS 73 MONTHS 8 DAYS 9 IF LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

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 0

12. BIRTHPLACE (CITY OR TOWN) Macon (STATE OR COUNTRY) Missouri

13. NAME No data

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

15. MAIDEN NAME Sarah Leathers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data

17. INFORMANT (ADDRESS) Mr. Gay Bridgewater  
Walt City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walt City DATE July 13, 1938

19. FUNERAL DIRECTOR (NAME) Walter Nelson (ADDRESS) Walt City, Mo.

20. FILED JULY 13-30, 19 Walter Nelson Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1936 to July 11, 1938, 1938

I last saw her alive on July 11, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Chronic Parenchymatous nephritis

Other contributory causes of importance: 121

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? usual 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) G. W. Cox M. D.

(Address) Walt City, Mo

**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,

*E. W. Hedge*

or by

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*E. W. Hedge*

Licensed Embalmer No.

*2859*

P. O. Address

*West City*

**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.**