

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

**25781**  
Do not use this space.

1. PLACE OF DEATH **SEP 25 1938** 3  
 (a) County Lawrence Registration District No. 470  
 (b) Township W. Vernon Primary Registration District No. 5633 Registered No. 84  
 (c) City W. Vernon (d) Street No. Mo. State Sanatorium 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 Allie Partin 63.5"  
 (a) Residence, No. Unionville, Mo. 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) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1900  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
38 4 26  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework  
 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) Sept, 1937 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938  
 22. I HEREBY CERTIFY, that I attended deceased from 11-21 1938, to 7-13 1938  
 I last saw her alive on 7-12, 1938 Death is said to have occurred on the date stated above, at 12:30 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset 1935  
J. H.  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam County, Missouri  
 13. NAME Martin D. Partin  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co., Mo.  
 15. MAIDEN NAME Myrtle Bibbee  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.  
 17. INFORMANT (ADDRESS) E. McMichael, Mo. State Sanatorium  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Unionville, Mo. DATE July 14, 1938  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. O. Herold, Unionville, Mo.  
 20. FILED July 13, 1938 P. A. Holmes Local Registrar.

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) M. A. ..., M. D.  
 (Address) Mo. State Sanatorium  
W. Vernon, 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.

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**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.**