

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

26101  
 Do not use this space.

REC'D AUG 26 1938  
*Wark*  
*O Biggerick*

1. PLACE OF DEATH

(a) County *Wark* Registration District No. *920*  
 (b) Township *O Biggerick* Primary Registration District No. *5858* Registered No. *1*  
 (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 *unnamed Friend 653*

(a) Residence, No. .... 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 *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *S*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 28-78*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.  
*Still Born*

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 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) (STATE OR COUNTRY) *Julia Wark or ms*

FATHER 13. NAME *Elijah Friend*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Theodosia Wark or ms*

MOTHER 15. MAIDEN NAME *Odessa Osburn*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Oklahoma*

17. INFORMANT (ADDRESS) *Odessa Friend Julia ms*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Julia Cemetery* DATE *June 28 1938*

19. FUNERAL DIRECTOR (ADDRESS) *Wells Blitch Julia ms*

20. FILED *July 20, 1938* *Mary K. Johnson* Local Registrar.

#### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 28 1938*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....  
 I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at *4 A.* m.  
 The principal cause of death and related causes of importance were as follows:  
*Cause unknown*

Date of onset

Other contributory causes of importance:

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) *H. E. Pace*, M. D.  
*Garnesville* (Address)

Review 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, ....., 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.)**