

REC'D AUG 26 1938

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

26325

Do not use this space.

## 1. PLACE OF DEATH

(a) County Reynolds  
(b) Township.....  
(c) City Lesterville  
(e) Length of residence in city or town where death occurredRegistration District No. 749Primary Registration District No. 4450

Registered No. ....

(d) Street No. .... St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

2. PRINT FULL NAME Joy Dent 5.50(a) Residence, No. Lesterville Mo. St. 

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

(If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Dent6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19, 19037. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
34 11 9OCCUPATION 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. none  
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) Lesterville Mo. 0FATHER 13. NAME Lucius Shy 014. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lesterville Mo. 0MOTHER 15. MAIDEN NAME Carrie Hunt16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lesterville Mo.17. INFORMANT (ADDRESS) Fred Shy  
Lesterville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Lesterville Mo. DATE July 31, 193819. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons  
Ironton Mo.20. FILED 19..... Local Registrar. 675

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 193822. I HEREBY CERTIFY, That I attended deceased from July 28, 1938, to July 28, 1938.Next saw her alive on July 28, 1938. Death is saidto have occurred on the date stated above, at 4.45 Pm.

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

Date of onset

Oedema of the Brain  
J J W

Other contributory causes of importance:

High blood pressureName of operation..... Date of Post mortemWhat test confirmed diagnosis? clinical 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) B. M. Fitzpatrick M. D.(Address) Lesterville, 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 the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

26325  
Do not use this space.

1. PLACE OF DEATH

(a) County Reynolds Registration District No. 749  
 (b) Township ..... Primary Registration District No. 4450 Registered No. ....  
 (c) City Lester ville (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 John Dent

(a) Residence, No. Lester ville 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 19 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
34 11 9  
 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) (STATE OR COUNTRY) Lester ville mo

FATHER 13. NAME Lucius Shy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lester ville mo

MOTHER 15. MAIDEN NAME Carrie Dent

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lester ville mo

17. INFORMANT (ADDRESS) Fred Shy Lester ville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lester ville DATE July 31 1938

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons Stanton mo

20. FILED Aug 3 1938 C. M. Fitzpatrick 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 July 19 1938 to July 28 1938  
 I last saw her alive on July 28 1938 Death is said to have occurred on the date stated above, at 4:10 p.m.  
 The principal cause of death and related causes of importance were as follows:

Oedema of the Brain  
High Blood Pressure  
 Other contributory causes of importance: .....

Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical 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) C. M. Fitzpatrick, M. D.  
 (Address) Lester ville mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 PHYSICIANS should state EXACTLY.

