

DEDAUG 9 1938

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

26778
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 65
(b) Township Green Primary Registration District No. 6192 Registered No. 7
(c) City Green (d) Street No. 100
(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

(a) Residence, No. 100 St. 100
(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) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-26-1938

7. AGE YEARS MONTHS DAYS Stillborn If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stillborn
9. Industry or business in which work was done, as saw mill, bank, etc. Stillborn
10. Date deceased last worked at this occupation (month and year) Stillborn 11. Total time (years) spent in this occupation Stillborn

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Indiana

13. NAME Claude Bolt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Indiana

15. MAIDEN NAME Betty Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis, Indiana

17. INFORMANT (ADDRESS) Claude Bolt, Indianapolis, Ind.

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Cemetery DATE 5-27-38

19. FUNERAL DIRECTOR Friend & Daugherty (ADDRESS)

20. FILED June 1 1938 Mrs. T. M. Park Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1938

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19...

I last saw him alive on Stillborn, 19... Death is said to have occurred on the date stated above, at Stillborn m.

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

Asphyxiated 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 Stillborn, 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) T. C. Piles, M. D.

(Address) Indianapolis, Ind.

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.)