

REC'D SEP 13 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

27858

Do not use this space.

3169

1. PLACE OF DEATH

(a) County Jackson Registration District No. 1002
 (b) Township Blue Primary Registration District No. _____
 (c) City Woods (d) Street No. P.C.H. Hosp. 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 Harvey Lucy 610

(a) Residence, No. 1405 W. 10th St 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 Negro 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) Nov. 3, 1925
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 8 23
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. School girl
 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) Fork Smith Arkansas

FATHER 13. NAME Harvey Milkow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER 15. MAIDEN NAME Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) P.C.H. Hosp.
Woods, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln Cemetery DATE 8-10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Applegate
1905 W. 10th St.

20. FILED Aug 9, 1938 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30 1938

22. I HEREBY CERTIFY That I attended deceased from Feb. 11, 1938, to July 30, 1938

I last saw her alive on July 30, 1938. Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Pulmonary tuberculosis Date of onset 12-1-37

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? No
 If so, specify _____

(Signature) W. D. Burtch M. D.

(Address) Louisville 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,

....., or by

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

Signed..... *C. H. West*

Licensed Embalmer No. *2710*

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.