

REC'D SEP 26 1938

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

28188

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13
 (b) Township Wodaway Primary Registration District No. 5016
 (c) City Law (d) Street No. _____
 (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.

Registered No. _____

2. PRINT FULL NAME Mildred E Nigh

(a) Residence, No. Parnell mol 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harley E Nigh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
37 11 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife

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 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Parnell MS13. NAME Albertie Hall14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known15. MAIDEN NAME Veronica M. Stepan16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known17. INFORMANT (ADDRESS) Harley E Nigh Parnell mo18. BURIAL, CREMATION, OR REMOVAL PLACE Parnell DATE 9-12 193819. FUNERAL DIRECTOR (ADDRESS) J. E. Breit Savannah ms20. FILED 9-9 1938 Wm A R Keeg Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Unknown 19 22. I HEREBY CERTIFY. That I attended deceased from found body Sept 9, 1938 19 I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Hung by neck

Date of onset

Other contributory causes of importance: 165Name 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? suicide Date of injury 19 Where did injury occur? in woods north of Parnell (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

been dead for several weeksManner of injury hung by neck

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. H. Nichols M. D.(Address) corner Andrew Co. Helena, Mo. H.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X12004

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.)