

1938 SEP 1 9 1938

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

28555

Do not use this space.

1. PLACE OF DEATH

(a) County Opelousas Registration District No. 136
 (b) Township Hubble Primary Registration District No. 5174B Registered No. 12
 (c) City..... (d) Street No..... 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 Minnie Notthduff 361

(a) Residence, No. 361 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 7 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) White Water Mo

FATHER 13. NAME Hy Brase

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

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (NAME) (ADDRESS) Minnie Notthduff
Jackson mo R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Zion M.E. Church Aug 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McCombs Funeral
Jackson mo

20. FILED Aug 23 1938 mo W. W. Ford Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20-1938

22. I HEREBY CERTIFY that I attended deceased from June 10 1937 to Aug 20 1938
 I last saw her alive on Aug 20 1938 Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset 1936
Myocarditis 1938
 Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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?.....
 If so, specify.....
 (Signed) J. W. Johnson M. D.
 (Address) Jackson Mo

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.

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,

BA Meyer

or by

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

Signed

BA Meyer

Licensed Embalmer No.

305-1

P. O. Address

Jackson Mo.

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.