

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

29215

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township _____ Primary Registration District No. 3021 Registered No. 60
 (c) City North City (d) Street No. Jessie Brown Hospital 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

(a) Residence, No. Jessie Brown Hospital St. North City, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
 (Write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1938 to Aug 7 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 25 1935

I last saw her alive on Aug 7 1938. Death is said to have occurred on the date stated above, at 11:10 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 11 13

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

OCCUPATION 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. Child
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Date of onset

Acute enteritis
11:10
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North City, Mo.

FATHER 13. NAME George Nealey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North City, Mo.

MOTHER 15. MAIDEN NAME Nealey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North City, Mo.

17. INFORMANT (ADDRESS) George Nealey

18. BURIAL, CREMATION, OR REMOVAL PLACE Centerville, Mo. DATE 8/17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) North City, Mo.

20. FILED AUG 8 1938 Local Registrar

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? _____

If so, specify _____

(Signed) W. H. ... M.D.

(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-116

Date filed 9-20-38

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, myself

....., or by

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3922

P. O. Address Webb City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.