REC'D SEP 23 1938

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

29219
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper
(b) Township
(c) City Webb City
(d) Street No. 605 N. TOM 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 41 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 417
Primary Registration District No. 3021
Registered No. 63

2. PRINT FULL NAME Lula Doss son
(a) Residence, No. 605 N. Tom Street St.
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 1894
7. AGE YEARS 44 MONTHS 7 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Bentonville Arkansas

FATHER
13. NAME Crockett Lee Ford
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey

MOTHER
15. MAIDEN NAME Esther McCurdy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bentonville Arkansas

17. INFORMANT (ADDRESS) Mrs Rosa Riddle (Sister) Webb City Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Carterville Cem. DATE 8/21/38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hedge-Nelson Webb City, Mo.
20. FILED AUG. 20. 1938 R. D. Crockett M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1938
22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw her alive on Aug 19 1938. Death is said to have occurred on the date stated above, at 4:30 P.M. 8/19/38
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
8 2 41

Other contributory causes of importance: Complained of headache and dizziness the morning of death that afternoon
Name of operation no Date of ✓
What test confirmed diagnosis? ✓ Was there an autopsy? View

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 ✓
(Signed) A. J. Winchester Coroner, M. D.
(Address) Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 6-38-114
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, C. W. Hedge, or by

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

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City, Mo.

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

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