

REC'D SEP 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
2
CERTIFICATE OF DEATH

29365
Do not use this space.

1. PLACE OF DEATH

(a) County Lewis
(b) Township Canton
(c) City Canton

1 Registration District No. 477
Primary Registration District No. 4286

Registered No. 54

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 3 yrs. 7 mos. 15 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ANN A BERTHA FARRS KERFOOT LI

(a) Residence, No. 1007 BLAND 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from April, 1938, to Aug 18, 1938
I last saw her alive on Aug 18, 1938 Death is said to have occurred on the date stated above, at 9 a m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 1868
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 10 13

Cerebral Hemorrhage
87 W
Other contributory causes of importance:
arteriosclerosis
Date of onset mid 38

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) May 30, 1938
11. Total time (years) spent in this occupation 51 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lubree Mo.
Clark Co.

FATHER 13. NAME George Parks 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Anna Bertha Parks

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

17. INFORMANT (ADDRESS) T. W. Kerfoot
1015 Ave H Ft. Madison Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE Aug 20 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Earl N. Barkley
Canton Mo.

20. FILED Aug 20, 1938 N. W. Harris
Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? biopsy 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? no
so, specify _____
(Signed) J. D. Hillard
Canton Mo. (Address)

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SHOULD STATE 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. 10

District File Number 10-38-16

Date Filed 9-14-38

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.