

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

29508;
 Do not use this space.

REC'D SEP 27 1938
 PLACE OF DEATH
 (a) County Mississippi Registration District No. 5-66
 (b) Township Sycamore Primary Registration District No. 3030 Registered No. 101
 (c) City Charleston (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. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Larene Hope 101
 (a) Residence, No. Mississippi County 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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 13

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.
 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) Memphis Tenn

FATHER
 13. NAME Sam Hope
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

MOTHER
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mississippi

17. INFORMANT Sam Hope
 (ADDRESS) Charleston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 8/23 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Fair Funeral Service
Charleston Mo

20. FILED 8-24 1938 - F. D. Brown
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23rd 1938

22. I HEREBY CERTIFY, That I attended deceased from on Aug 18 1938, to _____, 19____.
 I last saw her alive on Aug 18 1938. 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:
Enterocolitis
Malnutrition
 Date of onset 8/10/38

Other contributory causes of importance:
Malnutrition

Name of operation none Date of _____
 What test confirmed diagnosis? Cholera (Specify if an autopsy was made)

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? _____
 Also, specify _____
 (Signed) W. W. Talving M. D.
500 (Address) Charleston Mo

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 X14028

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.