

REC'D SEP 16 1938

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

29712
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 677
(b) Township _____ Primary Registration District No. 4403
(c) City Rolla (d) Street No. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Hanna Josephine Frederickson 6/3/6

(a) Residence, No. Newburg Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 1 9

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) St. James Mo.

FATHER 13. NAME William Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo.

MOTHER 15. MAIDEN NAME Caroline Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Phelps Co Mo.

17. INFORMANT (ADDRESS) Mrs. Vernon Prewett
Abingdon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla Mo. DATE 8/5 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. Harry McCaw
Rolla Mo.

20. FILED Aug 8 1938 Jo. F. Ayer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/3 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw h. _____ alive on _____, 19____. 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:

Dialites

Date of onset

5/1

Other contributory causes of importance:

Name of operation Removal of dialites robot Date of _____
What test confirmed diagnosis? see below 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) Abingdon Mo. M. D.
Rolla, Mo.
110 (Address)

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, _____

R. J. McLaw

or by _____

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

Signed _____

R. J. McLaw

Licensed Embalmer No. _____

3953

P. O. Address _____

Rolla, 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.