

SEP 26 1938

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

30404

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler
(b) Township Liberty
(c) City _____
(e) Length of residence in city or town where death occurred

Registration District No. 805
Primary Registration District No. 6050

Registered No. 41

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Schuyler Co. Mo. 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

MEDICAL CERTIFICATE OF DEATH

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 Redwald Alexander
(OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1858

7. AGE YEARS MONTHS DAYS
80 1 13
If LESS than 1 day, _____ hrs. or _____ min.

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. farmwife
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) Appanoose Co. Iowa

FATHER 13. NAME Samuel P. Kerby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co. Mo.

MOTHER 15. MAIDEN NAME Mary Frances Peasey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Ill.

17. INFORMANT (ADDRESS) Mrs. Laura Skumale Glenwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE Aug 17 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Marshalls Lancaster, Mo.

20. FILED 8-17 19 38 Burdick Drake Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13 19 38

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 19 38, to Aug 13 19 38
I last saw her alive on Aug 13 19 38. Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
Myocardial Degeneration
Date of onset _____

Other contributory causes of importance: _____

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? No
If so, specify _____
(Signed) Dr. R. E. Vaughan M. D.
(Address) Lancaster, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-38-163

Date Filed 9-16-38

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,

Irue & Minnie Morehead, or by

Registered Apprentice No., working under my personal supervision.

Signed Irue & Minnie Morehead

Licensed Embalmer No. 3731-36

P. O. Address Laurelton

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.