

REC'D OCT 18 1938

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

31583
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 26
(b) Township Medina Mo Primary Registration District No. 3002 Registered No. 119
(c) City Medina Mo (d) Street No. Andrain 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Centralia 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

MEDICAL CERTIFICATE OF DEATH

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 3 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 6 4

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. at home
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) Maumouth Ill

FATHER 13. NAME Harry Fair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co Ill

MOTHER 15. MAIDEN NAME Minnie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henderson Co Ill

17. INFORMANT (ADDRESS) Harry Fair Centralia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Centralia Ill DATE Sept 7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) M J McDevaney Centralia Mo

20. FILED Sept 7 1938 B. Blanche Neely Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938 to Sept 7, 1938
I last saw her alive on Sept 5, 1938 Death is said to have occurred on the date stated above, at 12:00 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Sept 2, 1938
Sept 5, 1938
Sept 7, 1938
Other contributory causes of importance:
Paralytic Ileus - 9/7/38

Name of operation Drainage Date of 7/6/38
What test confirmed diagnosis Microscopic 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
If so, specify _____
(Signed) H. S. [Signature]
(Address) Medina, Mo 1902

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

442

RECEIVED
District Health Officer No. 10
District File Number 10-38-244
Date Filed 10-8-38

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 conform with the above constitutes grounds for revocation of license.)

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