

DEPT OCT 20 1938

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

31650
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 53
(b) Township Lone Oak Primary Registration District No. 0080 Registered No. 87
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Jessie E. McCaughey 212 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 ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 9th 1938 to Sept 30th 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9, 1859

I last saw her alive on Sept 9th 1938. Death is said to have occurred on the date stated above, at 4 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 0

The principal cause of death and related causes of importance were as follows:

OCCUPATION 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

Angina pectoris
Chronic arteriosclerosis
Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

Other contributory causes of importance:

FATHER 13. NAME Daniel E. Dovebarger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Catherine Beth Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Mrs. Carrie McKee 3235 Forest in Rome, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sept. 11 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. McCall

20. FILED Nov 11 1938 Local Registrar

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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 S. D. LaSalle, M. D. (Signed) Benton, M. D. (Address)

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

RECEIVED

District Health Officer No. 7,

District File Number 7-32-266

Date Filed 10-13-38

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 myself

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

Signed Harry G. Newell

Licensed Embalmer No. 3111

P. O. Address Butler Ave

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.