REC'D OCT 18 1938

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

31682
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township Columbia
(c) City
(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. ..... mos. ..... ds.
(f) How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

Registration District No. 73
Primary Registration District No. 3006
Registered No. 202

2. PRINT FULL NAME MARY DIXIE LENKINS.
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

10
3
4

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.

PERSONAL AND STATISTICAL PARTICULARS

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 (OR) WIFE OF: T. B. Lenkins
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-16-1864
7. AGE: YEARS 74 | MONTHS 1 | DAYS 22 | 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. 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): Frankford, Kentucky

FATHER
13. NAME: George Hawkins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: Permelia Sargeant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Goldie Shelnut, Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park DATE: 9-11-38
19. FUNERAL DIRECTOR (ADDRESS): W. H. Vanderventer, Columbia Mo.
20. FILED: 9/10/1938 Allie Selby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept. 8th, 1938
22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1938, to 9-8-, 1938
I last saw her alive on 9-8th, 1938 Death is said to have occurred on the date stated above, at 130 P. m.
The principal cause of death and related causes of importance were as follows:
Appoplexia — Date of onset: Sept 8
82 Yr
Other contributory causes of importance: General Arteriosclerosis
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? .....
If so, specify .....
(Signed) Stephen D. Smith, M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. H. Vandeventer, Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed W. H. Vandeventer

Licensed Embalmer No. 2494

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)