

OCT 18 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31825
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 990
 (b) Township St Francis Primary Registration District No. 5133 Registered No. 9
 (c) City Near Rombauer (d) Street No. _____
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LILLIAN G. WITHROW 360
 (a) Residence, No. Rombauer, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>5</u>	<u>67</u>			

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. 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) Wayne Co., Ill.13. NAME Robert Lippin14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know Ohio15. MAIDEN NAME Lyden Slesaker16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know Ohio17. INFORMANT (ADDRESS) Jess Withrow18. BURIAL, CREMATION, OR REMOVAL PLACE Hanover Cemetery DATE Sept 25 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Marshall Shaw Fish, Mo20. FILED 9-25 1938 W. J. Cl Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1938 to 9-24-1938
 I last saw h.e.r. alive on 8-12-1938. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
Chronic Myocarditis
Chronic Nephritis
 Other contributory causes of importance: Evophthalmic Glaucoma

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 _____ (Signed) W. J. Cl M. D.
95 (Address) Poplar Bluff, Mo

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31825-

Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 990
 (b) Township St. James Primary Registration District No. 5133 Registered No.
 (c) City (d) Street No.
 (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 Lillian G. Withrow

(a) Residence, No. 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-24, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to ..., 19...

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at... m.

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

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

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Date of onset

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

Other contributory causes of importance:

FATHER 13. NAME
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19...

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9-25 1938 AWZoll Local Registrar.

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) H. S. Clay, M. D.

(Address) St. Louis Bluff

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

No statement of OCCUPATION is very important. Exact statement of OCCUPATION is very important.

