

DEC'D OCT 19 1938

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

31834

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway ³ Registration District No. 104
(b) Township Fulton Mo Primary Registration District No. 3008
(c) City Fulton Mo (d) Street No. State Hosp #1 Registered No. 224
(e) Length of residence in city or town where death occurred 2 yrs. 3 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Lula Neirestein ^{1.23 (Newberry?)} 11.1
Union Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 13

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) DK 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Co Mo13. NAME Gas Sullivan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK15. MAIDEN NAME Emily Elms16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK17. INFORMANT (ADDRESS) Hosp Records18. BURIAL, CREMATION, OR REMOVAL PLACE Newberry Mo DATE Sept 19 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo H Wallace
Fulton Mo20. FILED Sept 19 1938 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1 1938 to Sept 14 1938
I last saw h. alive on Sept 14 1938 Death is said

to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Arterio-sclerotic heart disease & cardiac failure Date of onset DK
95

Other contributory causes of importance:
Senile arteriosclerosis DK
Hypertensive pneumonia 9/10
Stenosis

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

What test confirmed diagnosis?..... Was there an autopsy? No23. 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 Laborer(Signed) Fulton Mo, M. D.106 (Address) Fulton Mo

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

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,

Harold Christy, or by

Registered Apprentice No. *#0012*, working under my personal supervision.

Signed *Harold Christy*

Licensed Embalmer No. *40102*

P. O. Address *Dutton, Ma*

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.