

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.

Pascala Township MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32983

Do not use this space.

1. PLACE OF DEATH

(a) County Penns cot Registration District No. 1102
 (b) Township Pascala Primary Registration District No. 7850
 (c) City Pascala (d) Street No. 5870
 (e) Length of residence in city or town where death occurred 130 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gladys Abbott St. 130
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Milo Abbott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1911
 7. AGE YEARS 26 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Wife
 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 -

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

13. NAME Lee Hipps
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Mary Ella Sparks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Charles Hipps

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazel Hill DATE July 9, 1938

19. FUNERAL DIRECTOR (ADDRESS) Lewis and Co

20. FILED July 30, 1938 Mrs. P. R. Cole Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1938

22. I HEREBY CERTIFY That I attended deceased from 1938 to 1938

I last saw her alive on July 7, 1938 Death is said to have occurred on the date stated above, at 5:10 P.M.

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

Pulmonary T. B.

Date of onset 1930

Other contributory causes of importance: 23

Name of operation 23 Date of 23
 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 1938

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 23

Nature of injury 23

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Aspirin J. Speer M. D.

(Signed) Aspirin J. Speer (Address) Deering Mo

59 (Address) Deering Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)