

NOV 14 1938

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

35092
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 5112 Registered No. 249
(c) City Columbia (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.
53.1

2. PRINT FULL NAME Malinda Boulton Fountain
(a) Residence, No. Highway 40, East, Columbia, Mo. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mathew Fountain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 8 13

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. Housewife
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) Boone Co. Mo.

13. NAME John Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Co. Mo.

15. MAIDEN NAME Marguerite Ester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo.

17. INFORMANT (ADDRESS) Mrs. Mabel Williams R. 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia, Mo. Oct 1938

19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett

20. FILED 10/18/38 1938 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-6-, 1938, to 10-15-, 1938

I last saw him alive on 10-15-, 1938 Death is said

to have occurred on the date stated above 11:20 P. m.

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

Arterio Sclerosis Do not know

Other contributory causes of importance:

High B. P. Do not know

Name of operation None Date of _____

What test confirmed diagnosis? Post Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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 None

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. D. Dyson, M. D.

711. (Address) Columbia, Mo.

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.

STATEMENT BY LICENSED EMBALMER

Lyman H. Sprinkle, Licensed Embalmer No. *4013*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Anterior & Cavity*

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Lyman H. Sprinkle
Licensed Embalmer No. *4013*

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.)