

NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Bubara

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph Mo. (No. 152)

Mercy Hospital

File No. 35130

Registered No. 1025

St.

Ward

2. FULL NAME

(a) Residence, No. Not named

St.

Ward

Cameron Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Infant

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

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

Oct 13, '38

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, 4 hrs. or 4 min.

0

0

0

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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)

Cameron Mo.

MOTHER FATHER

13. NAME

Carl Livingston

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

Fathrop Mo.

15. MAIDEN NAME

Francis Louise West

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

Cameron Mo.

17. INFORMANT (ADDRESS)

Don Carl Livingston  
Cameron Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Stapfield's Chgo. Co. DATE 10/19 1938

19. UNDERTAKER (ADDRESS)

Sheehan & Sons of Joseph Ave.  
1946 Colham St. Joseph Mo.

20. FILED

Oct 14, 1938 H. J. Westphal  
Registrar.

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

Oct 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct 13, 1938, to Oct 13, 1938, 1938

I last saw h. in alive on Oct 13, 1938 Death is said

to have occurred on the date stated above, at 9:30 P.M.

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

Premature (8 mo) Date of onset

Other contributory causes of importance:

159

Name of operation

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

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

C. Sheehan D.O.

(Signed) Cameron Mo.

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.

STATEMENT BY LICENSED EMBALMER

....., Licensed Embalmer No. ....  
I hereby certify that the body recorded on the reverse side of this

certificate was embalmed by .....

by ....., Registered Apprentice No. ....

*W. J. ...*  
(Signed) ....., Licensed Embalmer No. ....

**NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER IN HIS OWN HANDWRITING.**  
(Failure to comply with the above regulations constitutes grounds for revocation of license.)