

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

35271
 Do not use this space.

NOV 15 1938

1. PLACE OF DEATH

(a) County Callaway ² Registration District No. 104
 (b) Township Griffin ¹ Primary Registration District No. 3008 Registered No. 245
 (c) City Fulton (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.

2. PRINT FULL NAME

(a) Residence, No. Joh Coalson McBrain, Mo. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Don't know</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Don't know</u>		
7. AGE	YEARS <u>66</u>	MONTHS _____
	DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation _____
	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) _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
FATHER	13. NAME <u>Virginia Walton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>	
MOTHER	15. MAIDEN NAME <u>Pleaz Morris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D. K.</u>	
17. INFORMANT (ADDRESS) <u>Records Frances Hospital #1 Fulton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Providence</u> DATE <u>10-10-38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Parsons Columbia Mo.</u>		
20. FILED <u>Oct 12, 1938</u> <u>R. N. Crewe</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-9-38 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1938, to Oct 9, 1938
 I last saw her alive on Oct 5, 1938 Death is said to have occurred on the date stated above, at 3 P.M.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of Body of Uterus
 Date of onset 4 1/2 yrs

Other contributory causes of importance:
Broncho-Pneumonia
Operative Removal of Sarcoma of body of uterus
 Name of operation _____ Date of Oct 5, 1938
 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? _____
 If so, specify _____
 (Signed) J. S. Kapp, M. D.
 (Address) Fulton, 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

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me W. J. McPherson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed W. J. McPherson

Licensed Embalmer No. 3893

P. O. Address Calumet mo

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.