

REC'D NOV 3 1938

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

35447
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
(b) Township Shoal Primary Registration District No. 3013
(c) City Cameron (d) Street No. 505 E-2nd St. Registered No. 445
(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 Carrie Teresa Dishman

(a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 18, 1877.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
61 2 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. At home
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) Harrison Co. Mo.

13. NAME Chas. W. Milligen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Ohio

15. MAIDEN NAME Sara Jane Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ohio

17. INFORMANT (ADDRESS) Mrs. Albert Dishman 2220 St. Joseph Ave. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Share Cemetery DATE 10-3 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland Cameron

20. FILE Dec 3 1938 Dr. C. H. Riley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1, 1938 19

22. I HEREBY CERTIFY, That I attended deceased from July 27 1938 to Sept 29 1938
I last saw aw alive on Sept 29 1938 Death is said to have occurred on the date stated above, at 8.20 P.M.

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

Cerebral Hemorrhage Date of onset

Other contributory causes of importance: g 2nd

Name of operation Date of _____
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? no
If so, specify _____ (Signed) J. P. Kline, M. D.

(Address) 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

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

A. H. Doobin

....., or by

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

Signed.....

A. H. Doobin

Licensed Embalmer No. *4032*

P. O. Address *Cameron, 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.