

NOV 10 1938

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

36047
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 420
 (b) Township Valle Primary Registration District No. 3022
 (c) City Desoto-mo (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 29 yrs. 7 mos. 17 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 218 Roberts 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Butler
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6 - 1909
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 | 7 | 17
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1938, to 23rd 1938
 I last saw her alive on Oct 23rd 1938. Death is said to have occurred on the date stated above, at 4:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Lyringial I.B. Date of onset 1937
2 1/2
 Other contributory causes of importance: Pulmonary I.B. 1934

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto-mo
 FATHER 13. NAME Albert Haverfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto-mo
 MOTHER 15. MAIDEN NAME Jamie Craig
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Desoto-mo
 17. INFORMANT Albert Butler
 (ADDRESS) Desoto-mo

Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Desoto DATE Oct. 26 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Motherhead
Desoto Mo
 20. FILED 11/7 1938 Jeneva Daniel Local Registrar.

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) H. A. Elders, M. D.
 (Address) 521 So 2nd
Desoto 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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.