

REC'D NOV 4 1938

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

36396
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 620
(b) Township Jefferson Primary Registration District No. 4371 Registered No. _____
(c) City Clyde (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 120 Martin Schweback 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-16-38
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30

OCCUPATION 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. none
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) Clyde Mo

FATHER 13. NAME Mathew J Schweback

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

MOTHER 15. MAIDEN NAME Mary B Kerr

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

17. INFORMANT (ADDRESS) Father Clyde Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Conception DATE 10-17-38

19. FUNERAL DIRECTOR (ADDRESS) Father

20. FILED Oct. 20, 1938 J. M. Boyles Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-16-1938
22. I HEREBY CERTIFY, That I attended deceased from 10-16-1938 to 10-16-1938
I last saw him alive on 10-16-1938 Death is said to have occurred on the date stated above, at 5:30 PM
The principal cause of death and related causes of importance were as follows:

Prematurity (5 1/2 mos.) Date of onset _____
Other contributory causes of importance: 159

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? _____

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. M. Boyles M. D.
(Address) Conception, Ind., 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,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)