

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.

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

NOV 17 1938

37025

Do not use this space.

1. PLACE OF DEATH

(a) County Stone Registration District No. 843
(b) Township Washington Primary Registration District No. 6106
(c) City _____ (d) Street No. _____ Registered No. _____
(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. _____ 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 W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7 6-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 23 hrs or min

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.
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)

13. NAME Phaez Marion Bowling

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

15. MAIDEN NAME Lila Davis

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

17. INFORMANT (ADDRESS) Johnny Bowling
Galena, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Galena Cem DATE Oct 8 1938

19. FUNERAL DIRECTOR (ADDRESS) Oral Bowling, act
Galena, Mo

20. FILED Oct 8 1938 Mellie Ironby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1938 to Oct 6 1938, 19

I last saw h. e. alive on Oct 6 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Premature Baby, 7 mo. Date of onset

Other contributory causes of importance: 15A

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?

If so, specify _____

(Signed) P. E. Joseph, M. D.

(Address) Stone, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-608

Date Filed NOV 12 1938

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.)