

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.

DEC 15 1938

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

38766

Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008
(c) City Fulton (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 2 yrs. 6 mos. 28 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 282

2. PRINT FULL NAME

(a) Residence, No. 457 Cornie Williams St. (If nonresident, give city or town and State)
Columbia, Mo. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 1, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 5 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
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) Columbia, Mo.

FATHER 13. NAME Joe Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton, Mo.

MOTHER 15. MAIDEN NAME Frances Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Mo.

17. INFORMANT (ADDRESS) Hoop Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE 11-18-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Samuel D. Parker
Columbia Missouri20. FILED Nov. 15, 1938 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to Nov. 15, 1938
I last saw h. 24 alive on Nov. 14, 1938. Death is said to have occurred on the date stated above, at 8:15 A.M.

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

Chr myocardiitis
930

Other contributory causes of importance:

Generalized arteriosclerosis

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) W. J. Brown, M. D.
(Address) 101 Fulton

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 *Stuart D. Parker*

Licensed Embalmer No. *2900*

P. O. Address *Columbia 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.