

REC'D DEC 15 1938

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

39005
Do not use this space.

1. PLACE OF DEATH

(a) County Cooper Registration District No. 217
(b) Township Lamine Primary Registration District No. 3308
(c) City or Blackwater (d) Street No. _____ St.
(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. da.

2. PRINT FULL NAME

(a) Residence, No. unnamed Infant Dia
Blackwater Mo (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Nov-27-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day or 15 min. 16 hrs.

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) Blackwater (STATE OR COUNTRY) Missouri

13. NAME Edgar Dial

14. BIRTHPLACE (CITY OR TOWN) Nelson (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Cecil Curtison

16. BIRTHPLACE (CITY OR TOWN) Pearman (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Edgar Dial Blackwater Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Bay DATE Nov-28-38

19. FUNERAL DIRECTOR (NAME) Harry Stocklin (ADDRESS) Delat, Cooper Mo

20. FILED 11-28-38 W. Stanley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-27-38

22. I HEREBY CERTIFY, That I attended deceased from 11-27-38, 1938, to 11-27-38, 1938.

last saw him alive on 11-27-38. Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

Patent Ductus Arteriosus
(Blue baby)

Date of onset

Other contributory causes of importance: 157C
Dyspnoea

Name of operation _____ Date of _____

What test confirmed diagnosis? X Was there an autopsy? Yes

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. Stanley M. D.

(Address) Blackwater 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:

*Body was not
embalmed.*

Signed.....

Licensed Embalmer No. *3074*

P. O. Address *Pilot Grove, Wis.*

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.