

DEC 1 1938

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

39015

Do not use this space.

## 1. PLACE OF DEATH

(a) County Crawford Registration District No. 231  
(b) Township Union Primary Registration District No. 5315 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (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. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 5410 Mary Leabel Quincy 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1848  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 89 11 4 26  
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. Miner  
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) Rock Spring Mo  
13. NAME Gabriel Green  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henn  
15. MAIDEN NAME \_\_\_\_\_  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
17. INFORMANT (ADDRESS) James Quincy  
Cook Station Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Sligo DATE 12/4-1938  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Edwards  
Shelville Mo  
20. FILED 12/9 1938 Edwards Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 to Dec 1, 1938  
I last saw h. alive on Nov 28, 1938 Death is said to have occurred on the date stated above, at 6 A. M.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Lobar Date of onset Nov 25, 38  
R-L  
11 W  
Other contributory causes of importance: Influenza Nov 22, 38  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis usual tests Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 none  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. V. Dillan, M. D.  
(Address) Staley 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, *L. J. James*

....., or by .....

Registered Apprentice No. ~~.....~~....., working under my personal supervision.

Signed.....

*L. J. James*  
.....  
Licensed Embalmer No. *2379*

P. O. Address *Steuwille*

**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.**