

MISSOURI STATE BOARD OF HEALTH

REC'D DEC 21 1938

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39733
Do not use this space.

1. PLACE OF DEATH

(a) County Macon 2 Registration District No. 533
 (b) Township Macon 1 Primary Registration District No. 3027 Registered No. 79
 (c) City Macon (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. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9th 1861

7. AGE YEARS 77 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Schuyler Co. Mo.

FATHER 13. NAME William Courtright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Elizabeth Woodman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron West Virginia

17. INFORMANT (ADDRESS) Mr Ruth E. Brown Macon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Queen City, Mo DATE 12-2-38

19. FUNERAL DIRECTOR (ADDRESS) Stephens Gooding Macon, Mo

20. FILED 12/2 1938 Geo. W. Bentler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 30th 1938

22. I HEREBY CERTIFY That I attended deceased from Aug 27 1938 to Nov 30 1938
 I last saw her alive on Nov 27 1938 Death is said to have occurred on the date stated above, at 2⁰⁰ am.
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis - Myocarditis Date of onset See pg.
 Other contributory causes of importance: None See pg.

Name of operation None Date of _____
 What test confirmed diagnosis? Clinical 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) Howard D. Miller M. D.
Macon, Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-38-604

Date Filed 12-14-38

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.)