

DEC 9 JAN 24 1938

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

43811

Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi 2
(b) Township Ohio 1
(c) City Wyatt

Registration District No. 576
Primary Registration District No. 5762

Registered No. 146

(e) Length of residence in city or town where death occurred

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. _____

(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

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

baby

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

xxx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

Infant

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)

Wyatt, Missouri

FATHER

13. NAME

E. V. Smith,

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

East Prairie, Mo.

MOTHER

15. MAIDEN NAME

Ella Hampton,

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

Holland, Tennessee.

17. INFORMANT (ADDRESS)

E. V. Smith, Wyatt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE

Bertrand, Mo. Dogwood Cemetery DATE 12/26/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Nunnelee Funeral Home Charleston, Missouri.

20. FILED

12-27-1938 F. S. Vernon

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/24, 193822. I HEREBY CERTIFY, That I attended deceased from Dec 24th 1938 to Dec 26th 1938I last saw him alive on Dec 26th Death is said to have occurred on the date stated above, at 3:00pm

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

Don't know Date of onset _____
But it looked like to me it is due to faulty elimination
Other contributory causes of importance: as the other heart & cord was given as passed.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1938

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) W. Marshall M. D.(Address) Charleston, Mo.

576

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.....

Licensed Embalmer No.....

P. O. Address.....

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.