

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.

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

43992
Do not use this space.

1. PLACE OF DEATH

(a) County Chick Registration District No. 650
(b) Township Pleasant Primary Registration District No. 5861
(c) City Chick (d) Street No. 2 Registered No. 1074
(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. 1034 Ralph F. Hayward St. Chick
(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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/27, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 3 19
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) (STATE OR COUNTRY) Mo O

13. NAME Pete Howard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

15. MAIDEN NAME Belle G. Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo O

17. INFORMANT (ADDRESS) Pete Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE Bald Cemetery DATE 11/16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Taylor

20. FILED Jan. 2 1939 O. S. Calhoun 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 11/13 1938 to 11/15 1938
I last saw deceased alive on 11/13 1938 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia

Other contributory causes of importance:
Bottle fed & Bowel trouble

Name of operation None Date of 1074
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? None Date of injury 11/15 1938
Where did injury occur? Home (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 None

24. Was disease or injury in any way related to occupation of deceased? None
If so, specify None
(Signed) J. W. Taylor M. D.
(Address) Beth Mo.

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.