

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

43996
Do not use this space.

CSU JAN 24 1938

1. PLACE OF DEATH

(a) County Hemiscot Registration District No. 651
 (b) Township _____ Primary Registration District No. 4388
 (c) City Caruthersville, Mo. (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. 620 Addie Burkes 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 74 — — —

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. House work
 10. Date deceased last worked at this occupation (month and year) Dec 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seals Ala

FATHER 13. NAME Jim Peck
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seals Ala

MOTHER 15. MAIDEN NAME Amanda Johnson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Seals Ala

17. INFORMANT (ADDRESS) Jessie Brentner
Caruthersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan DATE Jan. 1 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Hardison
Caruthersville, Mo.

20. FILED Dec. 31 1938 Ada Martin
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-31-1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 31 1938 to Dec. 31 1938

I last saw her alive on Dec 31, 1938 Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Apoplexy
 Date of onset _____

Other contributory causes of importance: arterio-sclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Geo. Phipps M. D.
Caruthersville, 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.

FORM 2-28 I X10029

RECEIVED

District Health Officer No. 3,

District File Number 39-96

Date Filed 1-9-39

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.