REC'D FEB 6 1939

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

1575
Do not use this space.

1. PLACE OF DEATH
(a) County BOONE
Registration District No. 73
(b) Township
Primary Registration District No. 3006 Registered No. 11
(c) City COLUMBIA
(d) Street No. Boone County Hospital 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 335
(a) Residence, No. JUNE FAY STIDHAM 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			MEDICAL CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 20 th 1939
FEMALE	WHITE	BABY	22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1939, to Jan 20, 1939
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		BABY	I last saw her alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 11:15 m.p.M.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		AUGUST 21 1938	The principal cause of death and related causes of importance were as follows:
7. AGE YEARS	MONTHS	DAYS	Date of onset
XX	4	29	Bronchial Pneumonia Jan 6th
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			Extreme toxemia Producing meningismus Jan 18th
9. Industry or business in which work was done, as saw mill, bank, etc.		BABY	Other contributory causes of importance:
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	107
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		CHATTAROY WEST VIRGINIA	Name of operation Date of
FATHER 13. NAME		EARL STIDHAM	What test confirmed diagnosis? Was there an autopsy?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		VANLEER KENTUCKY	23. If death was due to external causes (violence), fill in also the following:
MOTHER 15. MAIDEN NAME		JANEE COPLY	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		WEST VIRGINIA	Where did injury occur? (Specify city or town, county, and State)
17. INFORMANT (ADDRESS)		J.A.NAFF 13 S. 6th St	Specify whether injury occurred in industry, in home, or in public place.
18. BURIAL, CREMATION, OR REMOVAL PLACE		CENTRALIA CEM DATE JANUARY 22 39	Manner of injury
19. FUNERAL DIRECTOR (ADDRESS)		R.O.WILLETT COLUMBIA	Nature of injury
20. FILED 1/21/ 1939		Allen Belby Local Registrar.	24. Was disease or injury in any way related to occupation of deceased? If so, specify
			(Signed) [signature], M. D.
			74 (Address) Centralia, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. No Embalming .....

No.....or by..... Registered Apprentice No.....

working under my personal supervision.

Signed R O Willett

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.)