

DEC'D FEB 27 1939

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

3733
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois 2 Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6018A
(c) City..... (d) Street No..... Registered No. 8
(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

514 Hattie Edna Umfleet
(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 (use the word)
Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) near Fredericktown
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Joseph Gower
14. BIRTHPLACE (CITY OR TOWN) Virginak/
(STATE OR COUNTRY) U. S. A.

MOTHER 15. MAIDEN NAME Harriett Campbell
16. BIRTHPLACE (CITY OR TOWN) near Fredericktown
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Arthur Umfleet
Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown DATE 1/22/39 19

19. FUNERAL DIRECTOR (ADDRESS) Farmington Und. Co.
Farmington, Missouri

20. FILED Jan 21, 1939 W. J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 20, 1939, to Jan 20, 1939.
I last saw her alive on Jan 20, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

Coronary Occlusion
(Angina Pectoris)

Date of onset

Other contributory causes of importance: HTW

Name of operation Clinical 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....., 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?.....
If so, specify Prophylary
(Signed) W. J. Robinson, M. D.

(Address) Farmington Mo

STATEMENT BY LICENSED EMBALMER

I, C. H. Cozean, Licensed Embalmer No. 4084

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

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed C. H. Cozean
Licensed Embalmer No. 4084

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.)