

AN 21 1939 FEB 7 1939

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

3909
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Honhomme Primary Registration District No. 116
 (c) City Valley Park Mo. (d) Street No. 15 Fern Ridge Ave 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 Ona H. Dore

(a) Residence, No. 15 Fern Ridge Ave St. Valley Park Mo.
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry W. Dore
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4 1867
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 10 17
 OCCUPATION 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. None
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/21/39 1939
 22. I HEREBY CERTIFY, That I attended deceased from January 18, 1939 to Only, 1939.
 I last saw her alive on Jan 18, 1939. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Haemorrhage

Date of onset
I. 21. 39

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) Fort Scott (STATE OR COUNTRY) Kan.

FATHER 13. NAME James Harbin

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

MOTHER 15. MAIDEN NAME Mary F. Smith

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

17. INFORMANT Mrs. Frances Sturdy (ADDRESS) 15 Fern Ridge Valley Park Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton Mo. DATE 1/23/39 1939

19. FUNERAL DIRECTOR (NAME) James H. Boyer (ADDRESS) 131 W. Argenne Dr Kirkwood Mo

20. FILED JAN 21 1939 J. K. Meyer Local Registrar. 787

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, 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 F. A. Huest
 (Signed) J. P. Huest, M. D.
 (Address) Valley Park, Mo.

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.

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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 ME

....., Registered Apprentice No.....

working under my personal supervision.

Signed Louis H. Boyd
Licensed Embalmer No. 921
P. O. Address Kirkwood

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.