

REC'D FEB 11 1939

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

4254
Do not use this space.

1. PLACE OF DEATH

(a) County Warrick Registration District No. 892

(b) Township Black River Primary Registration District No. 6194 Registered No. 3

(c) City Franklin (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 607 CRACE BAYER

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Boyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 16 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>39</u>	<u>1</u>	<u>23</u>		

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1939 to Jan 19, 1939

I last saw her alive on Jan 13, 1939 Death is said to have occurred on the date stated above, at 5:45 am.

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

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 108

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?
If so, specify _____ (Signed) O. C. Myers, M. D.

12. BIRTHPLACE (CITY OR TOWN) Chauncey
(STATE OR COUNTRY) Wayne Missouri

FATHER

13. NAME Wm. Meloy

14. BIRTHPLACE (CITY OR TOWN) Springfield
(STATE OR COUNTRY) Greene County Missouri

MOTHER

15. MAIDEN NAME Ester Boyer

16. BIRTHPLACE (CITY OR TOWN) Pesterville
(STATE OR COUNTRY) Kentucky

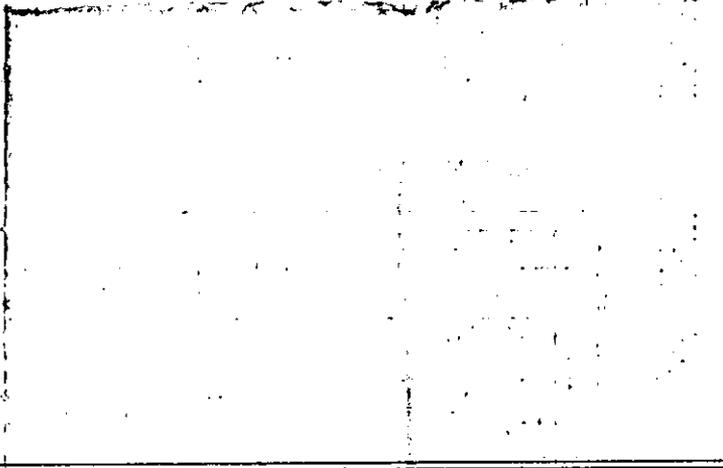
17. INFORMANT C. H. Breidley
(ADDRESS) Poplar Bluff, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Poplar Bluff DATE 1-20 1939

19. FUNERAL DIRECTOR Greer
(ADDRESS) Poplar Bluff

20. FILED Jan. 19 1939 Mr. Walter Meade
Local Registrar

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. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed.....

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.)