

REC'D MAR 17 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7273
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 589
 (b) Township Beard Primary Registration District No. 57872 Registered No. 8
 (c) City High Hill 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 Un Named

(a) Residence, No. Near High Hill Mo 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/26/39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Still Born

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. _____
 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 High Hill 0
 (STATE OR COUNTRY) Mo 9

FATHER 13. NAME Un Known

14. BIRTHPLACE (CITY OR TOWN) no 0
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Daisy Spencer

16. BIRTHPLACE (CITY OR TOWN) Near High Hill Mo
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) x S H Mitchell
High Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point Cem DATE 2/27/39 19.

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins
 (ADDRESS) Montgomery City Mo

20. FILED Feb. 26 1939 Mary Lou Plummer
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/26/39 19

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1939, to 2-26, 1939

I last saw h. alive on _____, 19____. Death is said to have occurred on the date stated above, at 12 noon

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

premature Birth
6 Month fetus

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis Chrom. Ch. 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 James O. Helms, M. D.
 (Address) New Florence 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.

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.