

REC'D APR 7 1939

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

10912

Do not use this space.

1. PLACE OF DEATH

(a) County Grundy Registration District No. 328
(b) Township Trenton Primary Registration District No. 3-017
(c) City Trenton (d) Street No. 5457 Registered No. _____
(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

11 3/4 page Overton
(a) Residence, No. Trenton mo RFD St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 21 - 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
40 1 4

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) (STATE OR COUNTRY) Milano MD

13. NAME S. J. Page

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tompkinsville 1 Kentucky

15. MAIDEN NAME Susan Mary Hedrick

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

17. INFORMANT (ADDRESS) Vaughn Overton Trenton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rural Dale cem DATE Feb 28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. J. Robertson Laredo. mo

20. FILED 2-28-39 Jane D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-25 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-25 1939, to 2/25 1939

I last saw her alive on 2/25 1939 Death is said to have occurred on the date stated above, at 10 P. m.

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

Post partum hemorrhage because of intra uterine fibroid + non clotting blood. Date of onset 144

Other contributory causes of importance: None known

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____ (Signed) Dr. Raeko _____, M. D.

(Address) Trenton mo

300

RECEIVED

District Health Officer No. 11;

District File Number ³⁹⁻¹⁶⁶

Date Filed MAR 24 1939

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.....

E. J. Robertson
working under my personal supervision.

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

Signed *E. J. Robertson*

Licensed Embalmer No. *2467*

P. O. Address *Jaredo, mo.*

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.