Filed APR 19 1939

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

11307
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede 2 Registration District No. 43-3 449 5618
(b) Township Osage 1 Primary Registration District No. 56-19 Registered No. 3
(c) City ..... (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 352 Infant of Vincie Adams
(a) Residence, No. Abo, Missouri St. ☐
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1939

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

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) (STATE OR COUNTRY) Abo, Mo. Laclede County O

FATHER
13. NAME Vincie Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Missouri O

MOTHER
15. MAIDEN NAME Eula Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County Missouri

17. INFORMANT (ADDRESS) Vincie Adams Abo, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cross Roads Cem. DATE March 21, 1939

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Lebanon, Missouri

20. FILED 3-21 1939 Leslie Hicks Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1939 to 3-20 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at .....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
BORN DEAD	
Other contributory causes of importance:	

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 DR R E GASTON
(Signed) ....., M. D.
(Address) NEBO MO

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should N. B.—CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

I. X12604

RECEIVED
District Health Officer No. 7,
District File Number 7-39-S-07
Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I, Carl W. Hause, Licensed Embalmer No. 3955

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

L. E. No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed Carl W. Hause

Licensed Embalmer No. 3955

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.)

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

11307
Do not use this space.

1. PLACE OF DEATH
(a) County Laclede Registration District No. 479
(b) Township Osage Primary Registration District No. 3618 Registered No.
(c) City (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 Infant of Vinnie Adams
(a) Residence, No. St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	sing

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1939

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

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) (STATE OR COUNTRY) Abo Laclede co Mo

FATHER
13. NAME Vinnie Adams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

MOTHER
15. MAIDEN NAME Eula Lewis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede co Mo

17. INFORMANT (ADDRESS) Vinnie Adams Abo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ross Roads Cem DATE 3-21 1939

19. FUNERAL DIRECTOR (ADDRESS) W. E. Holman Lebanon Mo

20. FILED 3/11 1939 J. A. McComb Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-20 1939 to 3-20 1939
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Born Dead	

PRIMARY

Other contributory causes of importance:

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) Dr. R. E. Gaston, M. D.
(Address) Nelo 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.