REC'D APR 13 1939

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

11731
Do not use this space.

1. PLACE OF DEATH
(a) County Nodaway | Registration District No. 628
(b) Township ~~Polk~~ | Primary Registration District No. 3031 | Registered No. 141
(c) City Maryville | (d) Street No. St Francis Hospital 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.

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2. PRINT FULL NAME Mrs. Clara Lattin
(a) Residence, No. W. 9th St Maryville 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: 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 Frank Lattin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 1878

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|
| 61 | 0 | 18 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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) Brookfield, Mo.

FATHER
13. NAME Joseph Stark 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

MOTHER
15. MAIDEN NAME Anna Schaffer 6
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. M. L. Gilbert
(ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Patricks DATE Mar. 17 1939

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
(ADDRESS) Maryville, Mo.

20. FILED 3-18 1939 Mamie E. Clardy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 16 1939

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 16, 1939
I last saw her alive on March 15, 1939 Death is said to have occurred on the date stated above, at 3:30 mA. M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Diabetic Gangrene of Left foot | |
| Diabetes Mellitus | |
| Chr. Myocarditis | |
| Chr. Nephritis | |

Other contributory causes of importance:
59

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
(Signed) W. R. Jackman, M. D.
(Address) Maryville, Mo.

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(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

## 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 J B Cummins

Licensed Embalmer No. 1675

P. O. Address Maryville M

**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.**