

REC'D APR 13 1938

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

11788
Do not use this space.

1. PLACE OF DEATH

(a) County Tennessee Registration District No. 653
(b) Township Boardman Primary Registration District No. 5871
(c) City Deering (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 "UNNAMED" WARREN

(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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 3.5

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) Deering
(STATE OR COUNTRY) Missouri

13. NAME Opal Warren
14. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

15. MAIDEN NAME Beady Murphy
16. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

17. INFORMANT Opal Warren
(ADDRESS) Deering, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Braggford, Mo. DATE 3/13/39

19. FUNERAL DIRECTOR (NAME) W. F. ... Co
(ADDRESS) Cumbersville, Mo.

20. FILED 3-13-39 J. W. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH 7:30 AM

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/13 1939 to 3/13 1939
I last saw him alive on 2/12 1939 Death is said to have occurred on the date stated above, at 7:30 am.
The principal cause of death and related causes of importance were as follows:

Premature Infant Date of onset _____

Other contributory causes of importance: None
Name of operation None Date of _____
What test confirmed diagnosis? _____ 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) Levi St. Denton, M. D.
(Address) Braggford, Mo.

WRITE PERMANENTLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1 X18605

RECEIVED

District Health Officer No. 3;

District File Number 39-276

Date Filed 4-11-39

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.....

Not Embalmed....., 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.