

REC'D MAY 16 1939

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

14659
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 204
(b) Township Steel Primary Registration District No. 528 Registered No. 214
(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. 2 1/2 mos. How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Clinton Co. 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 1/2 hrs. or min.

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. Infant.
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) Clinton Co. Mo.

FATHER 13. NAME Cleo Oliver Filley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mirambeau Mo.

MOTHER 15. MAIDEN NAME Charlie Catherine Bryant
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cameron Mo.

17. INFORMANT (ADDRESS) Cleo O. Filley, Cameron RR #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Hadlan cem. DATE 4-18-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland, Cameron

20. FILED Apr. 18, 1939 St. Clair Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18, 1939
22. I HEREBY CERTIFY, That I attended deceased from 4/17/1939 to 4/18/1939
I last saw h. e. v. alive on April 18, 1939 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Premature 6 1/2 mos.

Date of onset

Other contributory causes of importance: 159

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) E. Steompton, M. D.

(Address) Cameron 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.

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RECEIVED

District Health Officer No. 18

District File Number 39469

Date Filed MAY 8 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 _____

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.