

1939 MAY 19 1939

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

15195  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 447  
 (b) Township JOPLEN Primary Registration District No. 3021 Registered No. 33  
 (c) City Watts City (d) Street No. 1014 W. AYLOR 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1014 W. Aylor 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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18 1936

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or min.
	<u>3</u>	<u>1</u>	<u>2</u>	

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. Child  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Watts City  
 (STATE OR COUNTRY) Missouri

FATHER  
 13. NAME Eugene Pierce  
 14. BIRTHPLACE (CITY OR TOWN) Watts City  
 (STATE OR COUNTRY) Missouri

MOTHER  
 15. MAIDEN NAME Frances Gibson  
 16. BIRTHPLACE (CITY OR TOWN) Kansas  
 (STATE OR COUNTRY)

17. INFORMANT Eugene Pierce  
 (ADDRESS) Watts City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE CARTERVILLE CEM. DATE April 23 1939

19. FUNERAL DIRECTOR (NAME) Watts City Burial Co.  
 (ADDRESS) Watts City, Mo.

20. FILED APR 21 1939 19 W. L. Pritchett M.D.  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-20 1939, to 4-20 1939  
 I last saw her alive on 4-20 1939 Death is said to have occurred on the date stated above, at 11:40 AM  
 The principal cause of death and related causes of importance were as follows:  
dislocated neck  
2 cervical VERTEBRAE  
 Date of onset 4/1

Other contributory causes of importance: fall

Name of operation \_\_\_\_\_ 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? Accident Date of injury 4-20 1939  
 Where did injury occur? Watts City, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
in yard at home  
 Manner of injury Fall from play wagon  
 Nature of injury dislocation of neck

24. Was disease or injury in any way related to occupation of deceased? NO  
 If so, specify \_\_\_\_\_  
 (Signed) W. L. Pritchett M.D.  
 (Address) 205 W. Broadway  
Watts City, 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.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-37-1013

Date Filed MAY 2 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 myself.

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.