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1939 MAY 22 1939

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

15966
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Clair Registration District No. 763
 (b) Township Burleson Primary Registration District No. 4458 Registered No. 9
 (c) or City Lowry 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 EDITH HAWKINS DISNEY
 (a) Residence, No. Lowry City, Mo 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) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF EDGAR E DISNEY
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 18-1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 23

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25th 1939

22. I HEREBY CERTIFY That I attended deceased from 4/25/39 to 4/25/39
 I last saw him/her alive on Apr 25 12:45 PM 39 Death is said to have occurred on the date stated above.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 4/25/39

Other contributory causes of importance:
Hypertension probable Post 2 or 3 years
Atherosclerosis
Complicating

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 Lead Theodor Wright M. D.
 (Address) Lowry City, Mo

12. BIRTHPLACE (CITY OR TOWN) LOWRY CITY
 (STATE OR COUNTRY) ST. CLAIR CO - MO

FATHER
 13. NAME JAMES M. HAWKINS
 14. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) MARIES CO - MO

MOTHER
 15. MAIDEN NAME MARY ELLIS
 16. BIRTHPLACE (CITY OR TOWN) _____
 (STATE OR COUNTRY) PHELPS CO. - MO

17. INFORMANT (ADDRESS) Edith Disney
LOWRY CITY, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Lowry city Bur. DATE Apr 29 1939

19. FUNERAL DIRECTOR (NAME) O. S. Hill
 (ADDRESS) Osceola, Mo

20. FILED apr 29 1939 Dopline L. Stratton Local Registrar.

WRITE PLAINLY, 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.

I X16903

RECEIVED

District Health Officer No. 7,

District File Number 7-39-75-2

Date Filed 5-8-39

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.....

....., 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.