

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

Do not use this space.

REC'D MAY 24 1939

16423

**1. PLACE OF DEATH**

112 County Webster  
Township East Benton  
City Fordland Mo. (No. ....)

Registration District No. 898  
Primary Registration District No. 62 03

File No. ....  
Registered No. 30 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1912

| 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, ..... hrs. or ..... min. |
|--------|-----------|----------|-----------|--|
|        | <u>26</u> | <u>6</u> | <u>23</u> |  |

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. housewife  
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) Webster Co., Mo.

FATHER  
13. NAME Roy Fesperman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
15. MAIDEN NAME Lona Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Helen Ince  
(ADDRESS) Fordland, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Fordland Cem. DATE Apr 2 1939

19. UNDERTAKER Kelly-Ferrill  
(ADDRESS) Fordland, Mo.

20. FILED 5-6-39 Lester W. Good  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-30 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-27-39 to 3-30-39, 19...

I last saw him/her alive on 3-30-39, 19... Death is said to have occurred on the date stated above, at 5:00 P.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Embolism

Date of onset 3-30-39

Other contributory causes of importance:

Abruptio Placentae

3-30-39

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?.....

If so, specify.....  
(Signed) Howard J. Mason, D.D.S.

(Address) Fordland 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 6-5-39-927

Date Filed MAY 11 1939