

1939 JUN 21 1939

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

19068
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township W. Varnon Primary Registration District No. 5633 Registered No. 75-
 (c) City Mo. Varnon, Mo (d) Street No. Missouri State Sanatorium 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. 1 mos. 13 da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Rosa B. York

(a) Residence, No. Everton, 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. Clifford York

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 9 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) Sept. 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

FATHER 13. NAME James Jones
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Lucy Cobb
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Brunswick, Mo. DATE May 14, 1939

19. FUNERAL DIRECTOR (NAME) E. W. Ward (ADDRESS) Springfield Mo

20. FILED May 13, 1939 D. H. Holmes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 2, 1939, to May 13, 1939

I last saw her alive on May 12, 1939. Death is said to have occurred on the date stated above, at 8:10a. m.

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

Pulmonary Tuberculosis Date of onset July 1938
73

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Sputum. 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 _____ (Name) _____, M. D.
 (Address) W. Varnon, 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 6-6-39-1147

Date Filed JUN 5 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.....

J. W. Ward

....., Registered Apprentice No.....

working under my personal supervision.

Signed *J. W. Ward*

Licensed Embalmer No. 2832

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.