

REC'D JUN 19 1939

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

19321
Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 614
(b) Township Granby Primary Registration District No. 4555 Registered No. 12
(c) City Granby (d) Street No. St.
(e) Length of residence in city or town where death occurred 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Granby Mo St. Mo
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Wm H. Bowman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25/1852
7. AGE YEARS 87 MONTHS 2 DAYS 25 If LESS than 1 day, 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. 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) Ky.

13. NAME Jesse Riggsby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Nancy Henderson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Myrtle Lytle Webb City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cem. DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harline Culver Cassville Mo.

20. FILED May 20, 1939 Ed. Bolins Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 6th 1939, to May 20 1939
I last saw her alive on May 19 1939. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Chronic Sinusitis, +
Chronic Nephritis, +
Emphysema
16 years ago
A fall on May 6th 1939

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? accident Date of injury May 6, 1939
Where did injury occur? Fell in her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury from injury to shoulder & end
Nature of injury just fell against bed

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify —
(Signed) A. J. Gannon, M. D.
(Address) Newton Mo.

RECEIVED

District Health Officer No. 6,

District File No. 6-6-39-1301

Date Filed JUN 13 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. 3584

P. O. Address Cassville, 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.