

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

AUG 22 1939

25757

Do not use this space.

1. PLACE OF DEATH

(a) County Howell
(b) Township Elly Creek
(c) City Lansburg

Registration District No. 387Primary Registration District No. 5540

Registered No.

(d) Street No. (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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. St. ☐ (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. J. Andrews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1-18-69

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 5 8

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

12. BIRTHPLACE (CITY OR TOWN) Appence Co
(STATE OR COUNTRY) Iowa

13. NAME Almon Hawkins

14. BIRTHPLACE (CITY OR TOWN) unk
(STATE OR COUNTRY) g

15. MAIDEN NAME May Cox

16. BIRTHPLACE (CITY OR TOWN) unk
(STATE OR COUNTRY) g

17. INFORMANT (ADDRESS) H. J. Andrews
Lansburg

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elly Creek DATE 7-11-39

19. FUNERAL DIRECTOR (NAME) Robertson Mortuary
(ADDRESS) West Plains, Mo.

20. FILED 7-14 19 70 Page
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 19 39

22. I HEREBY CERTIFY, That I attended deceased from 713 19 39 to 79 19 39

I last saw him alive on 718 19 39 Death is saidto have occurred on the date stated above, at 7 a.m.

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

Pulmonary
Emphysema
111
Other contributory causes of importance:
Chronic Indurated Liver 19 36

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? Yes

so, specify

(Signed) Mauney Thompson M. D.(Address) West Plains, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 839 88

Date Filed 8/10/39

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 Clorothy H. Robertson

Licensed Embalmer No. 3432

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.