

REC'D AUG 18 1939.

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

26052
Do not use this space.

1. PLACE OF DEATH
 (a) County LACLEDE Registration District No. 1451
 (b) Township ELDREDGE Primary Registration District No. 5616 Registered No. _____
 (c) 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? 2 yrs. mos. ds.

2. PRINT FULL NAME 365 EVELYN G WATERMAN
 (a) Residence, No. ELDREDGE 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 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 ROY WATERMAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 29 - 1904

7. AGE YEARS 35 MONTHS _____ DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
 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) JULY 24 1939

22. I HEREBY CERTIFY That I attended deceased from June 10, 1939, to July 24, 1939
 I last saw him alive on July 10, 1939. Death is said to have occurred on the date stated above, at 10:50 P m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
 Date of onset Feb. 1939

Other contributory causes of importance: 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) awa Mo.

FATHER 13. NAME Robert H. Brayfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alton Ill.

MOTHER 15. MAIDEN NAME Clare C. Glissen
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raymore Mo.

17. INFORMANT (ADDRESS) Earl Brakefield 1122 N. Main - Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hugh Con. DATE 7-25-39

19. FUNERAL DIRECTOR (ADDRESS) PALMER'S KEANON Mo.

20. FILED Aug 18 1939 Narcisole Local Registrar. 406

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) Alton M. D.
 (Address) Camden 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.

APR 21 1959

RECEIVED

District Health Officer No. 7

District File Number 7-39-12

Date Filed 8-14-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)