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.

0[illegible] AUG 12 1939

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

26100
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — Registration District No. 470

(b) Township North Mt Vernon — Primary Registration District No. 5633 — Registered No. 93

(c) or City Mt ~~Vernon Mo~~ — (d) Street No. Mo State San 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 2 yrs. 3 mos. 7 ds. — (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 663 Louis Girardier

(a) Residence, No. St Clair St. ☐
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 17, 1913

7. AGE: YEARS 26 — MONTHS 5 — DAYS 25 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Shoe worker
9. Industry or business in which work was done, as saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Clair Missouri

FATHER
13. NAME: Louis Hermon Girardier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Missouri

MOTHER
15. MAIDEN NAME: Nellie Doud
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Franklin Co Missouri

17. INFORMANT (ADDRESS): Mr. Michael Ricora Clerk Missouri State San

18. ~~BURIAL, CREMATION~~, OR REMOVAL
PLACE St Clare Mo DATE July 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Orr & Company Mt Vernon Mo

20. FILED July 10, 1939 P. A. Holmes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1937, to July 10, 1939
I last saw him alive on July 10, 1939. Death is said to have occurred on the date stated above, at 9:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1931

Other contributory causes of importance: 23

Name of operation: None — 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
(Signed) J. A. Stocker, M. D.
(Address) Mt Vernon Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 839-1549
Date Filed AUG 8 1939

1

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 George B Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.