

REC'D SEP 15 1939

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

28489

Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 912
(b) Township Vandalia Primary Registration District No. 4550 Registered No. 24
(c) City Vandalia (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? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Lott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 1865
7. AGE YEARS 74 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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 _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jls |
13. NAME Love Peck |
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jls |
15. MAIDEN NAME Lula Baker |
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jls |
17. INFORMANT (ADDRESS) Mr. Alice Horton
Vandalia Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia DATE Aug 22 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. G. Palms
Vandalia Mo.
20. FILED Aug 18 1939 Carrie F. Fetterback Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1939 to Aug. 17, 1939.
I last saw her alive on Aug. 17, 1939. Death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
92 W
Other contributory causes of importance:
chronic valvular heart disease
Name of operation X Date of _____
What test confirmed diagnosis? Clinical 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) Sheel Alfred, M. D.
(Address) Vandalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

License No. Number 9-391562

Date Filled SEP 8 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 *me*.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed W. B. Waters

Licensed Embalmer No. 3821

P. O. Address Wardonia Md

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.