

REC'D SEP 22 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

29635

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 570  
 (b) Township Wallon Primary Registration District No. 792 Registered No. 1  
 (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? yrs. mos. ds.

2. PRINT FULL NAME

Alma Jane (Bradley) Courtaway  
 (a) Residence, No. Moberly, Mo. St. Alma Jane (Bradley)  
 (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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leo Courtaway.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1919.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hr. or .....min.  
20 2 24.

OCCUPATION 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. Waitress.  
 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) Mo.

FATHER 13. NAME Caleb Bradley.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Rebecca Howell.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Rebecca Bradley.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE 8/4/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert Skinner.  
Macon, Mo.

20. FILED 9-11 1939 H. H. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2nd 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 2nd, 1939, to Aug 2nd, 1939

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 3 a.m.

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

Accident Drowned  
all in bar was drinking  
 Date of onset 210

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Obit Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Accident Date of injury Aug 2, 1939  
 Where did injury occur? 3rd St. East New Cambria  
in bar (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public Place  
Drowned  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) Howard Coover, M. D.  
 (Address) New Cambria 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.

# Newspaper report - Car Wrecked  
the bridge and went over  
into the river #

M.S.

RECEIVED

District Health Officer, No. 10

District File Number 7-39-1680

Date Filed SEP 18 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. 4066

P. O. Address. Mason, 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.