

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

33032

Do not use this space.

1. PLACE OF DEATH *New Madrid* 2
 (a) County *New Madrid* Registration District No. *604*
 (b) Township *1* Primary Registration District No. *4358* Registered No. _____
 (c) City *New Madrid* (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 *Betty Jewel Stockdale*
 (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 *female* 4. COLOR OR RACE *col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *married* (write the word)
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 20*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
 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.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) *New Madrid* (STATE OR COUNTRY) *Missouri*
 13. NAME *Henry Stockdale*
 14. BIRTHPLACE (CITY OR TOWN) *Ark.* (STATE OR COUNTRY) _____
 15. MAIDEN NAME *Beatrice Cook*
 16. BIRTHPLACE (CITY OR TOWN) *Mo.* (STATE OR COUNTRY) _____
 17. INFORMANT *Cecil Stockdale* (ADDRESS) *New Madrid, Mo. Route 1*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Removal Mo* DATE *Sept 26, 1939*
 19. FUNERAL DIRECTOR (NAME) *New* (ADDRESS) _____
 20. FILED *9/27*, 19*39* *Wm O'Barrow* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 26, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. 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:
No medical attention from record - n. m. d.
Bronchial Pneumonia
 Date of onset _____
 Other contributory causes of importance: *10/12*
 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) *J. H. Richards & Conover*
 (Address) *New Madrid, 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.

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RECEIVED

District Health Officer No. 2

District File Number 1039-232

Date Filed 10-4

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.....

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.