

1939 OCT 18

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

33300

Do not use this space.

1. PLACE OF DEATH

(a) County Falls Registration District No. 726
(b) Township New London Primary Registration District No. 4432
(c) City New London (d) Street No. 512 Registered No. 11939
(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. Betty Simpson St. Mo
(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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 72

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. Domestic
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) New London

13. NAME Henry Drake
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Fannie Drake
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Lina Biggs
New London

18. BURIAL, CREMATION, OR REMOVAL PLACE New London DATE 9-10, 1939

19. FUNERAL DIRECTOR (ADDRESS) Geo. E. Roberts
Hannibal

20. FILED Oct 2, 1939 Blanche Hugon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1939, to 9-3, 1939

I last saw her alive on 9-3, 1939. Death is said to have occurred on the date stated above, at 12:30 PM.

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

apoplexy - cerebral
anemia - toxemia

Other contributory causes of importance: Senile debility

Malnutrition

Name of operation Cerebral Date of 1939

What test confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury 19
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no

(Signed) R. E. Long M. D.
(Address) 209 Hannibal

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.

1 X12004

RECEIVED

District Health Officer No. 10

District File Number 10-39-1750

Date Filed OCT 9 1939

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.)