

DCT 13 1939

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

33725
Do not use this space.

1. PLACE OF DEATH

(a) County Taney Registration District No. 859
(b) Township Braunson Primary Registration District No. 6128
(c) City Braunson (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Amanda Williams
(a) Residence, No. Braunson Mo 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-12-1865
7. AGE YEARS 74 MONTHS 8 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6th 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 _____ m.
The principal cause of death and related causes of importance were as follows:
Cama (diabetic) Date of onset _____

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. Cafe
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: diabetic Mellitus

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Ky

FATHER 13. NAME Sam Yeer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NC

MOTHER 15. MAIDEN NAME Ara Yeer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NC

17. INFORMANT (ADDRESS) Sam Gibson Braunson Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Braunson DATE 9/10 19____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Labelled Braunson Mo

20. FILED 9-7-39 John A. Barker Local Registrar

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? No
If so, specify _____
(Signed) Wm B Mitchell M. D.
Braunson, Mo

RECEIVED

District Health Officer No. 6,

District No. 1039-1935

Date Filed OCT 4 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.....

P. O. Address.....

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

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