

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

37288
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 176
 (c) City Marshall (d) Street No. Mo. State School St. Mo. State School
 (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 Nasmi Dennis
 (a) Residence, No. Mo. State School 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	17	5	28	

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. _____
 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) Unknown

FATHER 13. NAME Vic Dennis 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mason Mo.

MOTHER 15. MAIDEN NAME Nasmi Curtis 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.

17. INFORMANT (ADDRESS) State School Board Marshall Mo.

18. BURIAL CREMATION OR REMOVAL PLACE Mo. State School DATE Oct. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Campbell Lewis Marshall Mo. 712

20. FILED 10-30-39 Mary Kent Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1931 to Oct. 29, 1939
 I last saw her alive on Oct. 29, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Ex of thalamic center Date of onset 1938

Other contributory causes of importance: bb

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____ (Signed) M. K. Pope _____, M. D.
 (Address) Marshall 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.

I X14023

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 6/14/11

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, _____

R. W. Campbell

or by _____

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

Signed _____

R. W. Campbell

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.