

DEC 1 8 1939

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

40111
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Wood Mt Primary Registration District No. 5633 Registered No. 155
(c) City Mount Vernon, Mo (d) Street No. Missouri State Sanatorium 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. 8 mos. 12 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Gideon, Missouri St.
(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 Charles Wright

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-06

7. AGE YEARS 33 MONTHS 8 DAYS 30 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) June, 1938 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY)

FATHER 13. NAME Willie Williams

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

MOTHER 15. MAIDEN NAME Arshaw Johnson

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

17. INFORMANT Ethel McMichael, clerk (ADDRESS) No. S. Sanatorium, Mt. Vernon, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Mo DATE Nov. 9, 1939

19. FUNERAL DIRECTOR (NAME) Lawrence Funeral Home (ADDRESS) Campbell Mo

20. FILED 11/9 1939 Ra. Valens 421 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-7-39 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to Nov. 7, 1939

I last saw her alive on Nov. 7, 1939 Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset May 1938

Other contributory causes of importance: 72

Name of operation Autopsy Date of 7.10
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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
Also, specify no
(Signed) J. M. D.
(Address) Mo. Vernon, 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.

RECEIVED

District Health Officer No. 6,

District File Number 10239-2453

Date Filed DEC 6 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 comply with the above constitutes grounds for revocation of license.)

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