

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.

DEC 18 1939

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

40714
Do not use this space.

1. PLACE OF DEATH
(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 0018A
(c) City Farmington (d) Street No. State Hospital No. 4 Registered No. 175
(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 356 Nancy B. Latimer
(a) Residence, No. Webster Groves, Mo. 35 So. Gore Ave. (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 0 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None

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) Pike County Missouri

13. NAME Samuel McMillan

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

15. MAIDEN NAME Mary Ann Caldwell

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

17. INFORMANT (ADDRESS) Records of State Hospital No. 4 Farmington, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-8, 1939 to 11-6, 1939
er 11-5, 1939 Death is said to have occurred on the date stated above, at 12:45a m.
The principal cause of death and related causes of importance were as follows:
Anterolobular, generalized marked

Other contributory causes of importance:
Chronic Myocarditis
Pneumonia, terminal

Name of operation none Date of 11/5/39

What test confirmed diagnosis? Clinical 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? NO
If so, specify
LHO (Signed) C. O. Ault, M. D.
(Address) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Louis DATE ?, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) McLaughlin Und. Co. 831 Big Bend Rd. St. Louis

20. FILED Nov 8, 1939, T. J. Robinson Local Registrar.

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.