

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

42654

Do not use this space.

Registered No. 35

1. PLACE OF DEATH

(a) County Andrew ² Registration District No. 912
 (b) Township Vandalia ¹ Primary Registration District No. 4550
 (c) City Vandalia (d) Street No. _____ 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 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 Thomas Johns

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 6 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
 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) Aberdeen South Wales

FATHER 13. NAME Lewis Smith ⁴

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen South Wales

MOTHER 15. MAIDEN NAME Alice Harris ⁴

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen South Wales

17. INFORMANT (ADDRESS) Mrs. Rose Ligon

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo. DATE Dec 3 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Waters Vandalia

20. FILED Dec 8 1939 Camie F. Waterhook ²⁹ (Address) Vandalia, Mo.
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1939

22. I HEREBY CERTIFY, That I attended deceased from June, 1939 to Dec. 1, 1939

I last saw her alive on Dec. 1, 1939 Death is said to have occurred on the date stated above, at 100 m.

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

Bronchial Pneumonia

Date of onset

Other contributory causes of importance: 1072

Name of operation _____ Date of _____
 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? _____
 If so, specify Yes (Signed) W. H. Waters M. D.

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. 10

District File No. 1-40-71

Date Filed JAN 8 1940

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 Wm B Waters

Licensed Embalmer No. 3324

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.