

JAN 12 1940

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

43517
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 878
(b) Township..... Primary Registration District No. 422e Registered No. 83
(c) City Fayette, (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. .. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 457 Nora Bly. 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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,
5X. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF Hub Bly. (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-23rd 1889
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..hrs. or ..min.
52 7 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Mo.

FATHER 13. NAME Denny Spence.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Janet Johnson,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Janet Spence,
Fayette, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE City Cemetary. DATE 12-19th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley,
Fayette, Mo.

20. FILED Jan 5, 1940 J. C. Bonham
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17th 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from 12-17, 1939, to 12-17, 1939
I last saw h. her alive on 12-17, 1939. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage (apoplexy) Date of onset 12-17-39
131
Other contributory causes of importance: Cardio Vascular Renal disease 1935

Name of operation None 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) Dr. Bloom, M. D.
(Address) Fayette Mo.

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.

50M-9-19-38 I X 16605

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 1/11/40

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.