

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.

FILED FEB 7 1940

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

2903  
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
 (b) Township 3 Primary Registration District No. 5633 Registered No. 1  
 (c) City Lit. 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. mo 27 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alma Naomi Vied

(a) Residence, No. Carruthersville, Missouri 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					MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Jan 1, 1940</u> <u>NYX</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----					22. I HEREBY CERTIFY, That I attended deceased from <u>Dec. 6, 1939</u> <u>NYX</u> to <u>Jan 1, 1940</u> <u>NYX</u> I last saw her alive on <u>Dec. 31, 1939</u> <u>NYX</u> . Death is said to have occurred on the date stated above, at <u>4:00a</u> <u>m.</u> The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u> <u>Spring</u> <u>Date of onset</u> <u>1939</u> <u>Diabetes Mellitus</u> <u>1933</u>	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 26, 1920</u>						
7. AGE	YEARS <u>19</u>	MONTHS <u>1</u>	DAYS <u>7</u>	If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Shoe Factory Worker</u>					
	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) <u>August 1939</u>					
11. Total time (years) spent in this occupation						
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis, Tenn</u> <u>1</u>						
FATHER	13. NAME <u>Charles Preston Vied</u> <u>1</u>					
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence County Arkansas</u> <u>0</u>					
MOTHER	15. MAIDEN NAME <u>Pearl Stewart</u>					
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pemiscot County Missouri</u>					
17. INFORMANT: <u>McMichael, Record Clerk</u> (ADDRESS) <u>Missouri State Sanatorium</u>					Name of operation..... Date of..... What test confirmed diagnosis?..... Was there an autopsy? <u>no</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Farmersville</u> DATE <u>Jan 1st 1940</u>					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.....	
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Fassett Funeral Home</u> <u>Miss Vernon, Mo.</u>					24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify (Signed) <u>[Signature]</u> M. D. (Address) <u>Miss Vernon, Mo.</u>	
20. FILED <u>Jan 1, 1940</u> <u>P. A. Holmer</u> Local Registrar.						

RECEIVED

District Health Officer No. 6,

District File Number 240-341

Date Filed FEB 6 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 H. W. Fossett

Licensed Embalmer No. 2201

P. O. Address Int. O. Cannon

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.