

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH11173
Do not use this space.

1. PLACE OF DEATH

(a) County John Registration District No. 390
 (b) Township Waverly Primary Registration District No. 5545
 or Annapolis
 (c) City Annapolis (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

163 JOYCE MARIE DEBOARD
 (a) Residence, No. None 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>(Infant)</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 27, 1940.</u>		
7. AGE	YEARS	MONTHS
		DAYS
		if LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>(New-born infant)</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)	
FATHER	11. Total time (years) spent in this occupation	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Annapolis, Mo.</u>	
MOTHER	13. NAME <u>Young Deboard</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>John County, Mo.</u>	
	15. MAIDEN NAME <u>Mary Wesley</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wells Springs, Mo.</u>	
	17. INFORMANT (ADDRESS) <u>Mrs. De Board, Annapolis, Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Self</u> DATE <u>1-27-40</u>	
	19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Neighbors, 345</u>	
	20. FILED <u>1-27-40</u> 19 <u>40</u> <u>R. E. Harland</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27th, 1940, to Jan. 28th, 1940
 I last saw her alive on Jan. 28, 1940. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 1/27/40

Broncho-Pneumonia

Other contributory causes of importance:
Prematurity
(and twin) 1/27/40

Name of operation none Date of _____
 What test confirmed diagnosis? none 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 _____
 (Signed) R. E. Harland M. D.
 (Address) Shorton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Bureau Form 1 X 16003

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.