

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12006

State File No. _____

Registrar's No. 125

Registration District No. 668

Primary Registration District No. 5891

1. PLACE OF DEATH:

(a) County PETTIS *Hot Creek Twp*
(b) City or town Spring Fork R.T.D.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Spring Fork R.F.D. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community life time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Spring Fork
(If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 26
year 1940 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1933
_____ 19____ to Mar 26 1940;
that I last saw her alive on Mar 23 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary
Duration 4 yrs

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature A. L. Walter (M. D. or other) MD

Address Seabolt Mo Date signed 3-28-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME NORA MARGARET LOGAN

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife LEONARD LOGAN 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased MAY 16 1898
(Month) (Day) (Year)

8. AGE: Years 41 Months 5 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace PETTIS COUNTY Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER { 12. Name MALACHI O'BRIEN

13. Birthplace IRELAND
(City, town, or county) (State or foreign country)

14. Maiden name KATE SULLIVAN

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Logan

(b) Address Spring Fork Mo

17. (a) BURIAL (b) Date thereof 3-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SPRINGFORK

18. (a) Signature of funeral director McLaughlin Bros

(b) Address Seabolt

19. (a) 3-28-40 (b) Mr. Harry Sneed
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

80

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11-11-40

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Socialia

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.