

FILED AUG 19 1940

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

25043

Do not use this space.

1. PLACE OF DEATH

(a) County Waverne Registration District No. 254
 (b) Township Beaumont Primary Registration District No. 4154
 (c) City Pattersonburg (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.

Registered No. 7

2. PRINT FULL NAME

(a) Residence, No. 610 Eva June Tribbey St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>7.7. Tribbey</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23-1882</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>9</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	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) <u>Ja. /</u>		
FATHER	13. NAME <u>Chas A. Curtis (deid)</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. /</u>	
MOTHER	15. MAIDEN NAME <u>Angie Adams</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ja. /</u>	
17. INFORMANT (ADDRESS) <u>J. J. Tribbey Pattersonburg Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Pattersonburg Mo. DATE June 2, 40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ed. Thomas Pattersonburg Mo.</u>		
20. FILED <u>June 10, 1940</u> <u>Francis C. Patton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 19 40

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1940 to May 29, 1940.
 I last saw him alive on May 29, 1940. Death is said to have occurred on the date stated above, at 12:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis (Scurvitic) (Alaia) Date of onset _____

Other contributory causes of importance: \$0

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) J. Frank Hedges M. D.
 (Address) Pattersonburg

(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.

I X18603

RECEIVED

District Health Officer No. 11,

District File Number

840-1099

Date Filed

AUG 1 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

E. S. Brown

Licensed Embalmer No.

2857

P. O. Address

Pattonsburg, Mo.

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.