

FILED AUG 16 1940

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

25605

Do not use this space.

1. PLACE OF DEATH

(a) County Lewis Registration District No. 477
(b) Township Ewing Primary Registration District No. 4287 Registered No. 17
(c) City _____ (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. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

560 Bertha Courroy
(a) Residence, No. _____ St. Hammock Indiana
(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>Mike L Courroy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 25, 1880</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>9</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Huntsville</u> <u>Mo</u>		
FATHER	13. NAME <u>Emmanuel Rothchild</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leins</u> <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Pauline Morris</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>M. H. Terrell</u> <u>Ewing, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mount Mary Cemetery, Ewing, Mo.</u>	DATE <u>Aug 2 40</u>	19.
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>James Alford</u> <u>Ewing, Mo.</u>		
20. FILED <u>Aug. 1-40</u> 19.	<u>P. W. Jennings</u> Local Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30- 194022. I HEREBY CERTIFY, That I attended deceased from 7-30-40 11 AM 19..... to..... 19.....I last saw her alive on 7-30-40 19..... Death is saidto have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
death occurred in few
moments

Date of onset

Other contributory causes of importance:

HypertensionName of operation none Date of noneWhat 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? none Date of injury none 19.....Where did injury occur? none
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noIf so, specify none(Signed) Emmy W. Lable M. D.(Address) Ewing Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 8-40-1627

Date Filed AUG 15 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 Myself
....., Registered Apprentice No.
working under my personal supervision.

Signed

James A. Cochrane

Licensed Embalmer No. 2537

P. O. Address Lewis town

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.