

FILED OCT 10 1940

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

32595

Do not use this space.

1. PLACE OF DEATH

(a) County Monteau Registration District No. 571
(b) Township Watter Primary Registration District No. 4385 Registered No. 54
(c) City California (d) Street No. _____ St.
(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

(a) Residence, No. California, Mo 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>G. C. Latham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 19, 1886</u>		
7. AGE	YEARS <u>53</u>	MONTHS <u>9</u>
	DAYS <u>24</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Medical</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)	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau, Mo</u>	
	13. NAME <u>Jno English</u>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau, Mo</u>	
	15. MAIDEN NAME <u>Miriam Martine</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monteau, Mo</u>	
17. INFORMANT (ADDRESS) <u>G. C. Latham</u> <u>California, Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>California</u> DATE <u>9-15-40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>William D. Poppey</u> <u>California, Mo</u>		
20. FILED <u>9-15-40</u> <u>W. D. Poppey</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13, 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940, to Sept 13, 1940
I last saw her alive on Sept 13, 1940. Death is said to have occurred on the date stated above, at 3 p. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia, lobular
course + type
unknown. Date of onset 10/11/40

Other contributory causes of importance:
Arteriosclerosis +
senility.

Name of operation none Date of _____
What test confirmed diagnosis? Physical exam 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? no
If so, specify _____
(Signed) E. A. Kibbe M. D.
(Address) California

(Licensed Embalmer's Statement on Reverse Side)

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.

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. 2084
working under my personal supervision.

Signed H E Friedmaner
Licensed Embalmer No.
P. O. Address California

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.