

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13933

State File No. _____

Registration District No. 227

Primary Registration District No. 4339

Registrar's No. 14

1. PLACE OF DEATH:

(a) County MONROE

(b) City or town PARIS
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: _____
(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 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MONROE 69

(c) City or town PARIS 2
(If outside city or town limits, write "RURAL.")

(d) Street No. _____ (If rural, give location) _____

(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME BERNICE L. TROY

3. (b) If veteran, name war ✓

3. (c) Social Security No. 487-30-4854

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month MAR day 13
year 1946 hour 3:00 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 1939, to March 13, 1946
that I last saw her alive on March 12, 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ORION TROY

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased JUNE 6, 1920
(Month) (Day) (Year)

Immediate cause of death Toxic thyroid

Duration 10 yrs.

8. AGE: Years 25 Months 9 Days 7 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation COOK

11. Industry or business CAFE

MOTHER, FATHER

12. Name LENARD PORTER

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

14. Maiden name MARY HAYDON

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy none 638

Underline the cause to which death should be charged statistically.

16. (a) Informant Alberta Williams

(b) Address PARIS, Mo.

17. (a) BURIAL (b) Date thereof MAR 14, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WALNUT GROVE Speed & Blakey

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

(a) Accident, suicide, or homicide (specify) No

(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? _____

18. (a) Signature of funeral director Speed & Blakey

(b) Address PARIS, Mo.

19. (a) MAR. 14, 1946 (b) Edna Belmont
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature F. A. Barnett (M. P. or other) _____
Address PARIS, Mo. Date signed 3-13-46

205

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 10
Dist. Health Officer No. 4-46-783
Date Filed APR 19 1946

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 Edmond H. Agnew

Licensed Embalmer No. 4000

St. Louis, Missouri
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, fact should be so stated above.