

JAN 15 1938

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

44593
Do not use this space.

1. PLACE OF DEATH
 (a) County Barry Registration District No. 30
 (b) Township Monett Primary Registration District No. 3002 Registered No. 7
 (c) City Monett (d) Street No. _____
 (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. da.

2. PRINT FULL NAME Stubblefield
 (a) Residence, No. West 60 Road (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 - 1937
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 6 4 _____
 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. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26 1937
 22. I HEREBY CERTIFY, That I attended deceased from 12-26 1937, to 12-26 1937
 I last saw h. or alive on 12-26 1937 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:

Premature Birth (6 mo) Date of onset 12-26-37

Other contributory causes of importance:
159

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monett Mo
 13. NAME Verdayne Stubblefield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Mo
 15. MAIDEN NAME Lela Mae Long
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Mo
 17. INFORMANT (ADDRESS) Verdayne Stubblefield Monett Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE High Prairie Cem DATE Dec 26 1937
 19. FUNERAL DIRECTOR (ADDRESS) Callaway's Monett Mo
 20. FILED 12-26 1937 W. R. West Local Registrar

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) Ernest Mitchell, M. D.
 (Address) Monett Mo

Mitchell

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,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

.....
Licensed Embalmer No.

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.)