

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

13856
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. 1002 Registered No. 1876
 (c) City H. C. M. (d) Street No. H. C. M. Hosp 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 7 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 233 N. Wheeling 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 F
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John A. Willis
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 unk
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, housewife
 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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Wm. Mc Goffey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ship

MOTHER 15. MAIDEN NAME Elij. Sussley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ship

17. INFORMANT (ADDRESS) Record clerk H. C. M. Hosp

18. BURIAL, CREMATION, OR REMOVAL Dansonville DATE 5-1-38

19. FUNERAL DIRECTOR (ADDRESS) Bruce L. Blair

20. FILED May 1 1938 M. M. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-30-38 1938
 22. I HEREBY CERTIFY, That I attended deceased from 4-3-38, 1938, to 4-30-38, 1938.
 I last saw him alive on 4-30-38. Death is said to have occurred on the date stated above, at 1040 m.
 The principal cause of death and related causes of importance were as follows:

Fracture of left femur
Bronchopneumonia 16 hr
 Other contributory causes of importance: 15

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Acc. Date of injury 4-3-38
 Where did injury occur? at home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Acc. fall at home
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify at home
 (Signed) P. J. De Maria, M. D.
 (Address) Hosp. H. C. M. Hosp
H. C. M.

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.)