

REC'D JUN 22 1938

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

18791

Do not use this space.

## 1. PLACE OF DEATH

(a) County LIVINGSTON(b) Township WHEELING

(c) City.....

(d) Street No.....  
(If death occurred in Hospital or Institution, write its name instead of street and number) 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..... St.  (If nonresident, give city or town and State)

(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

FEMALE

## 4. COLOR OR RACE

WHITE

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

SINGLE

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

MAY 10<sup>th</sup> 1938

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

Still BORN

## OCCUPATION

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

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

WHEELING LIV. CO. MO

## FATHER

## 13. NAME

W. H. WATSON

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

WHEELING LIV. CO. MO

## MOTHER

## 15. MAIDEN NAME

IRENE SINGLETON

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

BEDFORD LIV. CO. MO

## 17. INFORMANT (ADDRESS)

W. H. WATSON WHEELING MO

## 18. BURIAL, CREMATION, OR REMOVAL PLACE

WHEELING MO DATE MAY 11-1938

## 19. FUNERAL DIRECTOR (ADDRESS)

SMILEY FUNERAL HOME WHEELING MO

## 20. FILED

19

Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH (MONTH, DAY, AND YEAR)

5-10-38

## 22. I HEREBY CERTIFY, That I attended deceased from

5-10-1938 to..... 19.....

last saw her... alive on... your unknown 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Still Birth

Date of onset

## Other contributory causes of importance

Unknown

## 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)

(Address)

Reuben... M. D.  
Chillicothe Mo

STATEMENT BY LICENSED EMBALMER

I, Frank L. Smiley, Licensed Embalmer No. 470

hereby certify that the body recorded on the reverse side of this certificate was embalmed by not ME or any one

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Frank L. Smiley

Licensed Embalmer No. 470

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

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

18791  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Linn Registration District No. 516  
 (b) Township Wheeling Primary Registration District No. 5682  
 (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. ds. (f) How long in U.S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Daughter of W. H. & Irene Watson  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10<sup>th</sup> 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
Still Born

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

12. BIRTHPLACE (CITY OR TOWN) Wheeling  
 (STATE OR COUNTRY) Linn Co Mo

13. NAME W. H. Watson  
 14. BIRTHPLACE (CITY OR TOWN) Wheeling  
 (STATE OR COUNTRY) Linn Co Mo

15. MAIDEN NAME Irene Singleton  
 16. BIRTHPLACE (CITY OR TOWN) Bedford  
 (STATE OR COUNTRY) Linn Co Mo

17. INFORMANT W. H. Watson  
 (ADDRESS) Wheeling Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wheeling Mo DATE May 11 1938

19. FUNERAL DIRECTOR Smiley Funeral Home  
 (ADDRESS) Wheeling Mo

20. FILED July 16 1938 Bertha Boone  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-10 1938 to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw her alive on 5-10 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Still Birth  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Unknown

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) Reuben Barney, M. D.  
 (Address) Chillicothe Mo

(Mrs. Luther Boone)

POSTERS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

