

REC'D AUG 23 1938

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

24631
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 29
(b) Township Crane Creek Primary Registration District No. 5046 Registered No. 23
(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 Patsey Ann Friend 653

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
7

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) Barry County Mo

FATHER 13. NAME Paul Friend

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri

MOTHER 15. MAIDEN NAME Mae Whited

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County Missouri

17. INFORMANT (ADDRESS) Paul Friend

18. BURIAL, CREMATION, OR REMOVAL PLACE Osa DATE July 15 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) King Funeral Home Aurora Missouri

20. FILED 8-3 1938 Leocornman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15 1938

22. I HEREBY CERTIFY, That I attended deceased from July 8 1938, to July 15 1938. I last saw her alive on July 10 1938. Death is said to have occurred on the date stated above, at 1:10 AM. The principal cause of death and related causes of importance were as follows:

Premature birth
7 months
159

Other contributory causes of importance:

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

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? Yes. If so, specify _____ (Signed) J. M. Smith M. D. (Address) 171 N. Pleasant Aurora Mo

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

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.....

Licensed Embalmer No. *3529*

P. O. Address *Aurora Ill*

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, above space should be left blank.