

DEPT SEP 20 1938

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

28255
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 3091
 (b) Township Spring Primary Registration District No. 3-66 Registered No. 2
 (c) ~~Montrose~~ Montrose RFD (d) Street No. _____ St.
 Cottage of Johnstown (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: Minnie Dady

(a) Residence, No. Johnstown Mo 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF August Dady
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-7-1842
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 11 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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 Life
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b
 FATHER 13. NAME Philip Baker b
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany b
 MOTHER 15. MAIDEN NAME Christine Hiffman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 17. INFORMANT (ADDRESS) J. A. Hunt
Montrose Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brownington DATE 8-11 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred Wilkinson
Clinton Mo
 20. FILED Aug 11 1938 Grace V. Odneal
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 17 1938, to Aug 9 1938
 I last saw her alive on Aug 9 1938 Death is said to have occurred on the date stated above, at 8:30 AM.
 The principal cause of death and related causes of importance were as follows:
Coronary thrombosis Date of onset _____
94 1/2
 Other contributory causes of importance:
Arterio-sclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no
 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? no
 If so, specify _____
 (Signed) W. E. Baggerly, M. D.
 (Address) Montrose Mo

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.

RECEIVED

District Health Officer No. 7;

District File Number 1-38-1

Date Filed 9/8/38

M. L. GENTRY, M. D.

Special Agent, Bureau of the Census

OSCEOLA, MISSOURI.

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 *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address *Clinton, Mo*

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.