

REC'D SEP 21 1938

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

28737
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 307
(b) Township Smith Primary Registration District No. 5980 Registered No. _____
(c) City Lockwood Mo. #3 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

(a) Residence, No. Carrie Armina Metcalf 324
Lockwood Mo. #3 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Algeron A. Metcalf
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 1 - 1897
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 2 22
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. House keeping
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) Chicago Ill. #1

FATHER 13. NAME Reuben Cross #9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown #9

MOTHER 15. MAIDEN NAME Meranda P. Southern

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

17. INFORMANT (ADDRESS) Mrs. Ida Fesler
Lockwood Mo. #3

18. BURIAL, CREMATION, OR REMOVAL PLACE Nichony Grove DATE July 24 1938

19. FUNERAL DIRECTOR (ADDRESS) J. W. Ward
Galesfield Mo.

20. FILED Aug 28 1938 W. L. Weir Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1938

22. I HEREBY CERTIFY, that I attended deceased from July 1 1938, to July 20 1938
I last saw her alive on 7-20-38, 1938. Death is said to have occurred on the date stated above, at 9 A. M.
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis -

Date of onset Don't know

Other contributory causes of importance: 121

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 J. D. Combs M. D.
(Signed) Lockwood Mo. (Address)

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.)