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

DEC'D SEP 27 1939

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

29676
Do not use this space.

1. PLACE OF DEATH
(a) County Perry — Registration District No. 1128
(b) Township Bois Brule — Primary Registration District No. 5879a — Registered No. 6
(c) City Belgique — (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 Margaret Mary Onderdonk 536
(a) Residence, No. Belgique St. ☐
(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: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 8 1938
7. AGE: YEARS | MONTHS | DAYS | If LESS than 1 day, ½ hrs. or ..... min.

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): Belgique, Mo. 0

FATHER
13. NAME: Albert Onderdonk 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co, Mo. 0

MOTHER
15. MAIDEN NAME: Albertine Fuytinck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co, Mo.

17. INFORMANT (ADDRESS): Albert Onderdonk, Belgique
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Belgique Catholic Cem, DATE June 8, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Rev Jos Naumann, Belgique Mo
20. FILED June 10, 1938 Elmo Elder, Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 8 1938 19

22. I HEREBY CERTIFY, That I attended deceased from June 8 1938, 19..., to June 8 1938, 19...
I last saw her alive on June 8 1938, 19... Death is said to have occurred on the date stated above, at 4.30A m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature birth | |
| 6 Mo. | |
| Lived ½ hour | |

154

Other contributory causes of importance:

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) [signature], M. D.
(Address) Perryville

(Licensed Embalmer's Statement on Reverse Side)

## 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.....

P. O. Address.....

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

**If this body is not embalmed, above space should be left blank.**