

NOV 21 1938

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

35847

Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township _____ Primary Registration District No. 4227 Registered No. _____
(c) City West Plains, (d) Street No. _____
(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 38 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EMMA IRENE HASKELL

(a) Residence, No. 240 West Main 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 Alverdo Royal Haskell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25, 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Paw Paw, Ill.
13. NAME Harris D. Merwin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.
15. MAIDEN NAME Thurza Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.
17. INFORMANT Mrs. Ethel Haskell (ADDRESS) West Plains, Mo.
18. BURIAL, CREMATION, OR REMOVAL Evergreen Cem. PLACE West Plains, Mo. DATE Oct 21, 1938
19. FUNERAL DIRECTOR Thornburgh Funeral Home (ADDRESS) West Plains, Mo.
20. FILED 10/21 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1938
22. I HEREBY CERTIFY, That I attended deceased from June, 1931, to Oct 19, 1938
I last saw him alive on Oct 18, 1938 Death is said to have occurred on the date stated above, at 8 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis -
arteriosclerotic
93C
Other contributory causes of importance: Senility
Name of operation _____ Date of _____
What test confirmed diagnosis? Exam 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) E. G. Bohrer, M. D.
344 (Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh....., Licensed Embalmer No. 3408

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by Registered Apprentice No.

~~working under my personal supervision.~~

Signed

Hal Thornburgh

Licensed Embalmer No. 3408

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

75-847
Do not use this space.

1. PLACE OF DEATH

(a) County Howell Registration District No. 384
(b) Township West Plains Primary Registration District No. 4227 Registered No. _____
(c) City West Plains (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 Emma Irene Haskell

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 7 24

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 10-21-1938 Vida W. SIMONS Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h_____ alive on _____, 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:

Date of onset

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) E. C. Robber _____, M. D.

(Address) West Plains mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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.

