REC'D DEC 21 1938

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

40547
Do not use this space.

1. PLACE OF DEATH 2
(a) County Stoddard Registration District No. 836
(b) Township Richmond Primary Registration District No. 6100 Registered No. 67
(c) City Near Essex (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 263 Baby (unnamed) Acord
(a) Residence, No. ..... 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) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 30 - 38
7. AGE YEARS — MONTHS — DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Essex R.F.D. Mo

FATHER
13. NAME Wm H. Acord
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County Ill

MOTHER
15. MAIDEN NAME Georgie Monday
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Broughton Ill

17. INFORMANT (ADDRESS) John A. Mundy Essex Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Essex Mo DATE 10-14 1938
19. FUNERAL DIRECTOR (ADDRESS) John Allitton Sikeston Mo
20. FILED Nov. 14 1938 Laura Hopkins Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938 to Oct 10, 1938
I last saw her alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 8:35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	Oct 5

Other contributory causes of importance: None 107 N

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? .....
If so, specify .....
(Signed) F. M. Crawford, M.D.
(Address) Parma

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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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.)