

REC'D JAN 18 1938

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

44007

Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot 2
(b) Township
(c) City Hayti, Mo.
(e) Length of residence in city or town where death occurred

Registration District No. 653
Primary Registration District No. 4390

Registered No. 139

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4, 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
1 2 29

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) Livingston, Calif.

FATHER 13. NAME Delmer M. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Obion County, Tenn.

MOTHER 15. MAIDEN NAME Lais Worman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pruss, Ark.

17. INFORMANT (ADDRESS) Delmer M. Smith, Hayti, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti, Mo. DATE 12-4, 1938

19. FUNERAL DIRECTOR (ADDRESS) Ray and Co., Hayti, Mo.

20. FILED 12-4, 1938 J. W. Rhoder Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 3, 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 29 to Dec 2, 1938

I last saw her alive on Dec 2, 1938. Death is said to have occurred on the date stated above, at 8:40 A.M.

The principal cause of death and related causes of importance were as follows:

Bronch Pneumonia Date of onset 11/30/38

Other contributory causes of importance: Influenza 11/20/38

Name of operation None Date of _____
What test confirmed diagnosis Septum 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 W. R. Limbaugh, M. D.
(Signed) _____ (Address) Hayti, Mo.

581 (Address) Hayti, Mo.

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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RECEIVED

District Health Officer No. 3,

District File Number 39-11

Date Filed 1-11-39

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.)