

REC'D FEB 23 1939

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

2152
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township Spring Creek Primary Registration District No. 5270 Registered No. 6
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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. 246 Bx Marlin Butler St. (If nonresident, give city or town and State)
Salem Missouri (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) Newborn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 18, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Newborn
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) Dent County Missouri

13. NAME Earl Nully

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

15. MAIDEN NAME Mabel Porsin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salt Lake Iowa

17. INFORMANT (ADDRESS) Earl Nully Salem Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hasty Cem DATE Jan 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) None

20. FILED Jan 20 1939 F. E. Butler, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 20, 1939

22. I HEREBY CERTIFY That I attended deceased from January 17, 1939, to January 20, 1939
I last saw h. e. alive on January 19, 1939. Death is said to have occurred on the date stated above at 11:00 a.m.

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

Congenital Heart

Date of onset Birth

157C

Other contributory causes of importance:

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? No
If so, specify _____
(Signed) F. E. Butler, M. D.
Salem Missouri (Address)

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

RETURN TO HEALTH DEPT. BUILDING
SOUTH STATE CAPITOL BUILDING
MONTGOMERY, ALABAMA

DEPARTMENT OF HEALTH

STATE OF ALABAMA

CERTIFICATE OF EMBALMING

NO. _____

DATE OF EMBALMING _____



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 conform with the above constitutes grounds for revocation of license.)

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