

REC'D FEB 23 1939

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

2701
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
(b) Township Jasper Primary Registration District No. 3021 Registered No. 10
(c) City Webb City (d) Street No. 1226 W. BROADWAY. 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 4 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moe. da.

2. PRINT FULL NAME Virginia Elizabeth Coarrod

(a) Residence, No. 1226 W. Broadway 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 11 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Domestic
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) Arcadia
(STATE OR COUNTRY) Kansas

13. NAME Fowler Coarrod

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

15. MAIDEN NAME Elizabeth Halbert

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

17. INFORMANT Mother
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ARCADIA, KAN. DATE Jan 31, 1939

19. FUNERAL DIRECTOR (NAME) N. J. Moonahan
(ADDRESS) Arcadia, Kans

20. FILED JAN. 31. 39, 19 L. D. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 31, 1939

22. I HEREBY CERTIFY That I attended deceased from Jan. 10, 1939, to Jan. 31, 1939.
I last saw her alive on Jan. 30, 1939. Death is said to have occurred on the date stated above, at 10:17 a.m.
The principal cause of death and related causes of importance were as follows:

Influenza - intestinal type

Date of onset

Other contributory causes of importance: 11/13

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) W. S. ..., M. D.

(Address) ...

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-399

Date Filed FEB 17 1939

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 N. J. Monahan

Licensed Embalmer No. 3616

P. O. Address Broad St. Ken

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.