

REC'D FEB 24 1939

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

2837

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 465
(b) Township Waverly Primary Registration District No. 4278 Registered No. 2
(c) City Waverly (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

Columbia Jane Bristow (Columbia Jane Bristow)
(a) Residence, No. Waverly Mo 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-26-1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 11 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Lafayette Mo13. NAME Charles King14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Springs Mo15. MAIDEN NAME Mary E Barr16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) W J King Waverly Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Cem DATE 1-9-3919. FUNERAL DIRECTOR (ADDRESS) Wills Funeral Home Waverly Mo20. FILED 1-8-39 Clayton H. Landrum Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-7-193922. I HEREBY CERTIFY, That I attended deceased from Dec 29 1938 to 1-7 1939I last saw her alive on Jan 7 1939 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Hypostatic Pneumonia
112
Bronchial Asthma

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) W J King(Address) Waverly Mo

N. E.—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. 8,
District File Number 716/37
Date Filed

STATEMENT BY LICENSED EMBALMER

I, J. E. Keenan, Licensed Embalmer No. 1783
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not me
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed J. E. Keenan
Licensed Embalmer No. 1783

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.)