

REC'D FEB 27 1939

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

3690
Do not use this space.

PLACE OF DEATH
(a) County St. Clair Registration District No. 763
(b) Township Butler Primary Registration District No. 4458
(c) City Lourey city (d) Street No. _____ Registered No. 2
(e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NOT NAMED STEELBORN AT 4 1/2 TO 5 MONTHS gestation

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 8, 1939</u>		
7. AGE YEARS _____ MONTHS _____ DAYS _____	If LESS than 1 day, _____ hrs. or _____ min.	
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) <u>Lourey city, Mo</u>		
FATHER	13. NAME <u>Harold Davis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Geraldine Crawford Lyon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lourey city, Mo</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Margaret Lyon Lourey city, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremation at home Jan 8 1939</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>None</u>		
20. FILED <u>1/9 1939</u> <u>Sophia D. Stratton</u> (Address) <u>Lourey city, Mo</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8th 1939

22. I HEREBY CERTIFY that I attended deceased from Jan 8th 1939 to Jan 8th 1939
I first saw him at birth at 4 1/2 to 5 months gestation Death is said to have occurred on the date stated above, at 11 AM
The principal cause of death and related causes of importance were as follows:
Cause of Misceriage
Not known
4 1/2 to 5 months gestation

Contributory causes of importance: None

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? No
If so, specify Yes Shredon Wright (Address) Lourey city, Mo M. D.

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. 7

District File Number 7-39-23

Date Filed 2-8-39

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.)

RECEIVED
DISTRICT HEALTH OFFICER NO. 7
DISTRICT FILE NUMBER 7-39-23
DATE FILED 2-8-39
STATE OF ILLINOIS
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH
CHICAGO, ILLINOIS

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

3690
Do not use this space.

1. PLACE OF DEATH

(a) County St. Clair Registration District No. 763
(b) Township _____ Primary Registration District No. 4458 Registered No. _____
(c) City Louisy city (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

not named stillborn at 4 1/2 to 5 month gestation
(a) Residence, No. _____ 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 M 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) 1-8-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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) _____

13. NAME Harold Davis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Nebraska

15. MAIDEN NAME Praxaline Crawford Lynn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED _____ 19 Sophia Stratton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

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) Leo S. Wright, M. D.

(Address) Louisy city mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS. REGISTRATION SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE STATED EXACTLY. OCCUPATION IS IMPORTANT. CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS IMPORTANT.

SUPPLEMENTARY

