

REC'D MAR 15 1939

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

6376
Do not use this space.

1. PLACE OF DEATH

(a) County DE Kalb Registration District No. 262
(b) Township Orth Primary Registration District No. H/61 Registered No. _____
(c) City Union Star, Mo (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 5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bertha Belle Lawhead
(a) Residence, No. Union Star, Mo. St. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James E. Lawhead
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 1, 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 1
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) Jan 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stellby County Ill

FATHER 13. NAME Samuel Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

MOTHER 15. MAIDEN NAME Eliza Ellen Baird

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

17. INFORMANT S. J. Babney
(ADDRESS) 3036 Curtis Ave Omaha Neb.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star, Mo. DATE Feb 4 1939

19. FUNERAL DIRECTOR Lucile M. Wilson
(ADDRESS) Union Star, Mo.

20. FILED 2-3 1939 E. M. ...
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 2 1939

I HEREBY CERTIFY That I attended deceased from October 15 1937, to February 2 1939
I last saw her alive on February 2 1939 Death is said to have occurred on the date stated above, at 12:15 pm.

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

Cerebral Hemorrhage Date of onset 2/29/39
Arteriosclerosis
Other contributory causes of importance: g.g. ...

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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 _____
(Signed) Arthur E. Rockwood M.D.
(Address) Union Star, Mo.

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

Health Officer No. 11

28-83

MAR 9 1939

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson....., Licensed Embalmer No. 2830

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.....

Lucile M. Wilson

Licensed Embalmer No. 2830

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.)