

REC'D MAR 8 1939

1939

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

6711

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 1159
(b) Township Iron Primary Registration District No. 5549
(c) City Rural (d) Street No. _____
(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.

Registered No. 2

2. PRINT FULL NAME

(a) Residence, No. Hannie Shea St. Ironton Missouri
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fr. 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 Shea
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Iron, 17-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSE WIFE
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

OCCUPATION

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, Mo.13. NAME Benjamin Kidd14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Mary Pholomson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Lucile Kidd
(ADDRESS) 2649 Eads Ave. St. Joe Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Middlebrook Mo. DATE 2-17-193919. FUNERAL DIRECTOR Arcadia Valley Funeral Home
(ADDRESS) Ironton Missouri20. FILED March 6, 1939 Mrs. J. A. Townsend
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 31, 1939 to February 15, 1939
I last saw him er alive on February 11, 1939 Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis

Date of onset

gr

Other contributory causes of importance:

nephritis
arteriosclerosis
cerebrah hemorrhage

gr
"
"

Name of operation NONE Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) George Bay, M. D.
(Address) Ironton, Missouri

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, Chas. Richardson, Licensed Embalmer No. 3167

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Chas. Richardson

Licensed Embalmer No. 3167

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.)