

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.

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

7048
Do not use this space.

REC'D MAR 20 1939

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 471
 (b) Township Revere Primary Registration District No. 4254 Registered No. 2
 (c) City _____ (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
500 Clarence Le Roy Corvau

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 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 Mrs Nell Corvau
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 15-1884
 7. AGE YEARS 55 MONTHS _____ DAYS 15 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) _____ March Total time (years) _____ in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 0

FATHER 13. NAME Samuel Corvau 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo. 0

MOTHER 15. MAIDEN NAME Nancy Ross

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

17. INFORMANT (ADDRESS) Mrs Nell Corvau
Pierce City mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE Feb 2 1939

19. FUNERAL DIRECTOR (ADDRESS) Wm. Howell Jr.
Pierce City mo.

20. FILED 2-3- 1939 E. T. Wubler Local Registrar 4254

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 28 1939, to Jan 31 1939.
 Last saw him alive on Jan 31 1939. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Tuberculosis of the respiratory system Date of onset _____

Other contributory causes of importance: 23

Name of operation none Date of none

What test confirmed diagnosis? X-ray 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? no

If so, specify _____ (Signed) Charles S. Moore M.D.
 _____ (Address) Pierce City mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-669

Date Filed MAR 16 1939

STATEMENT BY LICENSED EMBALMER

I, Wm Russell Jr., Licensed Embalmer No. 1512

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 Wm Russell Jr.
Licensed Embalmer No. 1512

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.)