

REC'D MAY 10 1939

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

791
1003

12932
Do not use this space.

1. PLACE OF DEATH

(a) County.....
(b) Township.....
(c) City Jt Lewis Mo (d) Street No. 2805^a Wash St. Registered No. 3274
(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

(a) Residence, No. 2805^a Wash St. 31 (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 Female
4. COLOR OR RACE col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Moore
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st 1898
8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
40 5 6
8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Laundries
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) Madison La

FATHER 13. NAME Richard Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison La

MOTHER 15. MAIDEN NAME Cresie Helen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison La

17. INFORMANT (ADDRESS) Carrie Johnson
2805^a Wash St

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cem DATE 4-9-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.F. Walton
2707th Standard St

20. FILED APR 7 1939 J.F. Bickler (Agent Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7 1939
22. I HEREBY CERTIFY THAT I attended deceased from Apr 14 1938 to Apr 7 1939
I last saw her alive on Apr 7 1939. Death is said to have occurred on the date stated above, at 6:35 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Date of onset 1/3/39
Other contributory causes of importance:
Chronic Interstitial Nephritis

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? Y
If so, specify.....

(Signed) T.F. Jones M. D.

(Address) 2580 Franklin

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

William C McDowell

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

William C. McDowell

Licensed Embalmer No.....

2114

P. O. Address.....

3506 Franklin Ave

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.)

If this body is not embalmed, above space should be left blank.