

REC'D MAY 22 1939

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

15534
Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 566
(b) Township Springfield Primary Registration District No. 3030
(c) City Charleston (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 1 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 104 N. Elm 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 F 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 4 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) Charleston No.

FATHER 13. NAME Charles Gurch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston No.

MOTHER 15. MAIDEN NAME Penny Anna Boitcott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Princeton Ky.

17. INFORMANT (ADDRESS) Mrs Elmer Boitcott Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE March 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Spaulding Funeral Home Charleston Mo.

20. FILED 3-5- 1939 F. O. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH 5:45 P.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 26 1939, to March 4 1939

I last saw her alive on March 4 1939. Death is said to have occurred on the date stated above, at 5:45 P.M.

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

Pulmonary pneumonia (Right) Date of onset D. 15.

Other contributory causes of importance: none

Name of operation none Date of _____
What test confirmed diagnosis el. sympt. 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 Reiving M. D.
7-5 (Address) Charleston Mo.

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.

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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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.