

MAY 18 1939

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

15632
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Portage Primary Registration District No. 3806
(c) City or Portageville, Mo (d) Street No. _____ St.
(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. 616 Opel Vera Warbritton St.
(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 Female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 14, '39
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as saw mill, bank, etc. Infant
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) Portageville, Mo

13. NAME Lecil Warbritton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay County, Ark.

15. MAIDEN NAME Opal Vera Laddell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunklin Co. Mo.

17. INFORMANT (ADDRESS) Lecil Warbritton

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallopard, Mo DATE 4-14-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. Cross

20. FILED 4-16-39 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1939, to Apr 14, 1939.
I last saw him alive on April 14, 1939. Death is said to have occurred on the date stated above, at 2:05 p.m.
The principal cause of death and related causes of importance were as follows:

Primitivity caused by suffocation of stomach
hemorrhage
Other contributory causes of importance: Intestinal
hemorrhage
Date of onset 4-5-39

Name of operation none Date of _____
What test confirmed diagnosis? none 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) Raymond C. Conant, M. D.
S. (Address) Portageville, 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.

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 conform with the above constitutes grounds for revocation of license.)

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