

RECD MAY 11 1939

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

15735
Do not use this space.

1. PLACE OF DEATH

(a) County Demiseat Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 1862
(c) City _____ or _____ (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. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME IMAGENE ABRAHAM

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 3, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 5 22

8. Trade, profession, or particular kind of work done, as lawyer, 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Demiseat County, Missouri
(STATE OR COUNTRY)

13. NAME Salamon Abraham

14. BIRTHPLACE (CITY OR TOWN) Deasch County, Arkansas
(STATE OR COUNTRY)

15. MAIDEN NAME Ida Edward

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

17. INFORMANT Salamon Abraham
(ADDRESS) Demiseat County, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Causey Switch DATE 4/25/39

19. FUNERAL DIRECTOR (NAME) Le Tapp, Inc. Co
(ADDRESS) Corntherrville, Mo.

20. FILED April 25, 1939 Ida Montie
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April - 25 - 1939 1:00 AM

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Undetermined

Date of onset

Other contributory causes of importance:

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? No
If so, specify _____

(Signed) J. R. Wilson, M. D.
585 (Address) Corntherrville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 8

District File Number: 39-27

Date Filed: 5-8-39

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.