

MAY 22 1939

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

15856
Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski
(b) Township Cullen
(c) or City
(e) Length of residence in city or town where death occurred 3 yrs. mos. da.

Registration District No. 713
Primary Registration District No. 5942

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME Lydia Day

(a) Residence, No. _____ 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 25

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) Holt County - Mo. 0

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Edward G. Day
(ADDRESS) Waverlyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bradford Cem. DATE 4/12/39

19. FUNERAL DIRECTOR (NAME) J. L. HOOPS & SONS.
(ADDRESS) Crocker, Mo.

20. FILED 4112 1939 [Signature]
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11 1939

22. I HEREBY CERTIFY, That I attended deceased from March 21 st., 1939, to April 11, 1939.
I last saw him alive on March 21 st., 1939. Death is said to have occurred on the date stated above, at 11:00 am.
The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia Date of onset 3-16-39
[Signature]
Other contributory causes of importance:
[Signature]

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 6
Nature of injury 6

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) [Signature], M. D.
(Address) Crocker, 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 comply with the above constitutes grounds for revocation of license.)

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