

JUL 19 1939

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

23366  
Do not use this space.

1. PLACE OF DEATH

(a) County Slaine Registration District No. 799  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4479 Registered No. 30  
 (c) City Slater (d) Street No. 136 West Parker Street 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 Infant

(a) Residence, No. 136 West Parker Street 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-27-1939  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4 30  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. X  
 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) Slater Mo.  
 FATHER 13. NAME J W Paschal  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Missouri Osage County  
 MOTHER 15. MAIDEN NAME Emma Helen Stapleton  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warrensburg Johnson County  
 17. INFORMANT J W Paschal  
 (ADDRESS) Miami Mo. R7 P#1  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Slater City DATE June 27 39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jones & Salzer Slater  
 20. FILED 6-27-39 W. M. Tuttle Local Registrar. 709

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-27-39. 19  
 22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939, to June 27, 1939  
 last saw h. or alive on June 27, 1939 Death is said to have occurred on the date stated above, at 3:00 PM  
 The principal cause of death and related causes of importance were as follows:  
Premature (7 mo) Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 159  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) W. M. Tuttle, M. D.  
Slater 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.

RECEIVED  
District Health Officer No. 8,  
District File Number  
Date Filed 7/11/39

**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. 3143

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.**