

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

25542
 Do not use this space.

AUG 12 1939

1. PLACE OF DEATH

(a) County Dunklin Registration District No. 288
 (b) Township Independence Primary Registration District No. 5406 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(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 F 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 _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29 1939
 7. AGE YEARS _____ MONTHS _____ DAYS _____ LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, 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) Farmington (STATE OR COUNTRY) Mo
 FATHER 13. NAME Robert Williams
 14. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo
 MOTHER 15. MAIDEN NAME Esther Garrett
 16. BIRTHPLACE (CITY OR TOWN) Piggott (STATE OR COUNTRY) Mo
 17. INFORMANT Robert Williams (ADDRESS) Farmington, Mo
 18. BURIAL, CREMATION, OR REMOVAL Angel PLACE _____ DATE July 30 1939
 19. FUNERAL DIRECTOR (NAME) Family (ADDRESS) Farmington Mo
 20. FILED 7-31 1939 Thelma Doves Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29 1939
 22. I HEREBY CERTIFY, That I attended deceased from July 29, 1939, to July 29, 1939
 That saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Still Birth July 29-39
 Other contributory causes of importance:
Premature Birth 7 mo
Obstructed Placenta July 29-39
 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) George J. Ginnon, M.D.
 261 (Address) Farmington 2120

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I X16603

RECEIVED

District Health Officer No. 3,

District File Number 839-497

Date Filed 8/9/39

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.