

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

26016
 Do not use this space.

REC'D AUG 4 1939

1. PLACE OF DEATH

(a) County Jefferson / Registration District No. 420
 (b) Township Dale / Primary Registration District No. 5574
 (c) City Blackwell (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. da.

2. PRINT FULL NAME SHIRLEY ANN OGLESBY

(a) Residence, No. Blackwell Mo 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) infant

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1939

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

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) (STATE OR COUNTRY) Blackwell Mo.

FATHER

13. NAME Clyde Oglesby

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark. 7

MOTHER

15. MAIDEN NAME Erline Evans

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Clyde Oglesby R.F.D. 13 Blackwell Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blackwell DATE July 13, 1939

19. FUNERAL DIRECTOR (ADDRESS) Neighbors & Friend Blackwell

20. FILED 8/3 1939 Jessie Danneel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1939

22. I HEREBY CERTIFY, that I attended deceased from July 12 1939 to July 12 1939
 I last saw her alive on July 12 1939. Death is said to have occurred on the date stated above, at 8:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Premature (6 months) gestation Cause unknown July 12 1939
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Other contributory causes of importance: none

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Thos. V. Murphy M. D.
P. S. S. Mo. (Address)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
 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.
 301M-C-7-25-37 I X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)