

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

26455
 Do not use this space.

REC'D AUG 4 1939

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 114

(b) Township Codair Primary Registration District No. 5827

(c) City or Portageville, Mo. (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred 1 yrs. 8 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Orbra D. Cromwell

(a) Residence, No. Portageville, Mo. St. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-29-37

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>1</u>	<u>8</u>	<u>21</u>	

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. Infant

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Portageville, Mo. (STATE OR COUNTRY) _____

FATHER

13. NAME Roman Cromwell

14. BIRTHPLACE (CITY OR TOWN) Covington, Tenn. (STATE OR COUNTRY) _____

MOTHER

15. MAIDEN NAME Enola Dell Permenter

16. BIRTHPLACE (CITY OR TOWN) Portageville, Mo. (STATE OR COUNTRY) _____

17. INFORMANT Roman Cromwell (ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville DATE July 21 1939

19. FUNERAL DIRECTOR (NAME) R. M. Payne (ADDRESS) Portageville, Mo.

20. FILED 7-31-39 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1939

22. I HEREBY CERTIFY that I attended deceased from June 28 1939 to July 20 1939 last saw him alive on July 19 1939. Death is said to have occurred on the days stated above, at 7:00 a.m.

The principal cause of death and related causes of importance were as follows:

Acute Septic (Bacillary Dysentery?)

Date of onset 6-28-39

Other contributory causes of importance:

Terminal Bronchopneumonia 7-17-39

Dehydration 7-16-39

Name of operation None Date of _____

What test confirmed diagnosis? None 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) Raymond C. Leonard M. D. Portageville, Mo.

5 (Address) _____

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 FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 8/4/39

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.