REC'D SEP 12 1939

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

29206
Do not use this space.

39

**1. PLACE OF DEATH**

(a) County GREENE S. Columbia Registration District No. 318

(b) Township Ozark Osteopathic Hospital Primary Registration District No. 5440 Registered No. 666

(c) City ~~SPRINGFIELD~~ (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. ds.

**2. PRINT FULL NAME** 363 Roy Lee Street

(a) Residence, No. Cedar Gap, Mo. St. ☐ Cedar Gap, Mo
(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 | 4. COLOR OR RACE | 5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (*write* the word) |
|---|---|---|
| M | W | |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27-1937

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| / | 2 | 3 | 0 | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Okemah, Oklahoma

FATHER
13. NAME Roy Street
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okema, Oklahoma

MOTHER
15. MAIDEN NAME Della May Whittley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mansfield, Mo

17. INFORMANT (ADDRESS) Roy Street Cedar Gap Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cedar Gap Mo DATE Aug 27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Family Cedar Gap, Mo

20. FILED Aug 27, 1939 Chas A. George Mo
Local Registrar. 1296

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 26-, 1939 to Aug 27-, 1939
I last saw h. M alive on Aug 27, 1939 Death is said to have occurred on the date stated above, at 12 M
The principal cause of death and related causes of importance were as follows:

Amoebic Dysentery — Date of onset 8-20-39

13 W

Other contributory causes of importance:

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) Wilma Westfall D.O.
(Address) 2100 S. Holland, 3

(Licensed Embalmer's Statement on Reverse Side)

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 compl with the above constitutes grounds for revocation of license.)**

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