

57 OCT 1 2 1939

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

32048
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township June Mile Primary Registration District No. 516
(c) City Williamburg (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.

Registered No. 257

2. PRINT FULL NAME UN-NAMED

(a) Residence, No. Williamburg, Mo St. (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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-7-39</u>		
7. AGE	YEARS	MONTHS
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Stillborn</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>6" mouth</u>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation <u>0</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Williamburg, Mo</u>		
13. NAME <u>Lawrence Oxford</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Polly Branham</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
17. INFORMANT (ADDRESS) <u>Lawrence Oxford</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Williamburg, Mo</u> <u>877</u> <u>1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Father</u>		
20. FILED <u>Sept 11, 1939</u> <u>R. N. Crews</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from Williamburg, Mo Aug 7, 1939
I last saw him still born alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 p. m.
The principal cause of death and related causes of importance were as follows:
Stillborn
6" mouth
Date of onset _____

Other contributory causes of importance:
cause unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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? Yes
If so, specify _____ (Signed) R. N. Crews, M. D.
106 (Address) Williamburg, Mo

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.

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.