OCT 19

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

32996
Do not use this space.

66

1. PLACE OF DEATH
(a) County Miller
(b) Township or (c) City Glenwoods / Iberia
Registration District No. 562 Du Sells
Primary Registration District No. 5757
Registered No.
(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 Mary Elizabeth Band
(a) Residence, No. 530 Iberia, 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: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Perry Band
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2, 1885
7. AGE: Years 54 | Months 6 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc.: Own Home
10. Date deceased last worked at this occupation (month and year): 8/15/39
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iberia Mo

FATHER
13. NAME: James Barlow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Margarett Barlow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. Chas. Band, Iberia, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Watkins, Mo DATE 8/27 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): O. L. Casey, Iberia Mo.

20. FILED Oct 7, 1939 Mrs. W. A. Von Gremp
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1939 to 8/26, 1939
I last saw her alive on 8/26, 1939. Death is said to have occurred on the date stated above, at 8 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/18/39

Other contributory causes of importance: Unknown

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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) [illegible], M. D.
(Address) Crocker Mo

(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.

WRITE PLAINLY, WITH INK, AND DO NOT FOLD

1. X18605

RECEIVED
Miller County Health Dep't.
County File Number 39-114
Date Filed 10-10-39

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 Laran Adams, Registered Apprentice No. 211 working under my personal supervision.

Signed C. L. Barry

Licensed Embalmer No. 2694

P. O. Address Iberia, Mis

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.