

35468

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 73

Primary Registration District No. 3006

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Boone County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 hrs (Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia (If outside city or town limits, write "RURAL")

(d) Street No. 1112 Louest (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME AMY CATLETT 34.3

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17 year 39 hour 8 minute 05 P. M.

21. I hereby certify that I attended the deceased from 10-6, 1939, to 10-17, 1939, that I last saw her alive on 10-17, 1939, and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Geo Catlett 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) 6 (Day) 8 (Year) 1850

Immediate cause of death Pneumonia Duration 2 days

8. AGE: Years 89 Months 4 Days 91 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions Flu (Include pregnancy within 3 months of death) 9 days

9. Birthplace Indiana (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation at home

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business _____

FATHER { 12. Name Jessie Julian

13. Birthplace Indiana (City, town, or county) _____ (State or foreign country) _____

14. Maiden name Sarah Pearson

15. Birthplace Ohio (City, town, or county) _____ (State or foreign country) _____

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Hallie Wootan

(b) Address 1112 Louest St Columbia Mo

17. (a) Burial (b) Date thereof 10-20-39 (Burial, cremation, or removal) _____ (Month) (Day) (Year)

(c) Place: burial or cremation Nashville, Mo

18. (a) Signature of funeral director Parkers

(b) Address Columbia Mo.

19. (a) 10/19/39 (b) Allie Selby (Date received local registrar) _____ (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature W. P. Dyer (M. D. or other) _____

Address Columbia Mo Date signed 10-18-39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 1 X19311

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

M. N. Whitman

Licensed Embalmer No. *3893*

P. O. Address *Calumet mo*

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.