

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.

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

35685
Do not use this space.

1. PLACE OF DEATH
 (a) County Leafe Guardeau Registration District No. 125
 (b) Township " " Primary Registration District No. 3009 Registered No. 343
 (c) City " " (d) Street No. St. Louis Hospital 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. da.

2. PRINT FULL NAME Judith Ann Suvers
 (a) Residence, No. Sikiston Mo. Princeton 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 24 - 1939

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	0	7	13	

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.
 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) Leafe Guardeau

FATHER
 13. NAME Virgil Suvers
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sikiston Mo.

MOTHER
 15. MAIDEN NAME Alma Enderle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kelso, Mo.

17. INFORMANT (ADDRESS) Mrs. Virgil Suvers
Sikiston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kelso, Mo. DATE Oct 8, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walthers Und. Co.
Leafe Guardeau Mo.

20. FILED 10-7-39 J.M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 4:10, 1939, to 10/7, 1939
 I last saw her alive on 10/7, 1939 Death is said to have occurred on the date stated above, at 1:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis - Pulmonary Date of onset May 1937

Other contributory causes of importance: 23

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) Chas. J. Herbert M. D.
 (Address) 630 1st Ave.
Leafe Guardeau, Mo.

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.