

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

38886
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 912
 (b) Township Vandalia Primary Registration District No. 4550
 (c) City Vandalia (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. 29

2. PRINT FULL NAME

(a) Residence, No. 100 Julia Bybee St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W A Payne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 4 1893</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>7</u>
		DAYS <u>14</u>
	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>H.W.F.</u>	
	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) <u>MO</u>		
FATHER	13. NAME <u>John Dowe</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
MOTHER	15. MAIDEN NAME <u>Sadie Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT (ADDRESS) <u>W.S. Bybee, Vandalia MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Vandalia MO</u> DATE <u>Nov 22 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W.S. Bybee, Vandalia MO</u>		
20. FILED <u>Nov. 30, 1939</u> <u>Carrie F. Waterback</u> 27 (Address) <u>Vandalia, MO</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 20 1939

22. I HEREBY CERTIFY, That I attended deceased from 4 pm 11/20, 1939, to 11:10 pm 11/20, 1939.
 I last saw her alive on 11/20, 1939. Death is said to have occurred on the date stated above, at 11:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Respiratory paralysis

Date of onset 11/20/39

Other contributory causes of importance: HTA

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? Yes
 If so, specify _____
 (Signed) A. P. Torgherty, M.D.
 (Address) Vandalia, MO

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2081

Date Filed DEC 7 1939

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 Wm B Wales

Licensed Embalmer No. 3325

P. O. Address Dandalo 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.