

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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

REC'D MAY 13 1938

13941
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 37
(b) Township Wadsworth Primary Registration District No. 5053
(c) City Wadsworth, Mo. (d) Street No. _____
(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 5 yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary Elizabeth Fountain 535
(a) Residence, No. _____ St. (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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Fountain
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1869
7. AGE YEARS 69 MONTHS 0 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
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. Housework
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) Washington Co., Ark.

FATHER 13. NAME Geo. T. Bell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs. John Dudley Wadsworth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 5/12 1938

19. FUNERAL DIRECTOR (ADDRESS) 1 Room Funeral Home Careville, Mo.

20. FILED 5710 1938 Jewell Keller Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9 1938

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1938, to May 8, 1938.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:35 A. M.
The principal cause of death and related causes of importance were as follows:

Heart Failure caused from Drugging
Other contributory causes of importance: 131- Chronic Interstitial Nephritis

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) Dr. Chas. T. Broderick
Seigman M.D. (Address) _____

STATEMENT BY LICENSED EMBALMER

I, R. J. Miller, Licensed Embalmer No. 3794
hereby certify that the body recorded on the reverse side of this certificate was embalmed by P. E. Hood
L. E.
No. 3804 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed R. J. Miller
Licensed Embalmer No. 3794

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.)