

DEC'D SEP 28 1938

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

29852

Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 740
(b) Township Fishersgraves Primary Registration District No. 6237 Registered No. 17
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Stillborn 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1938

, 19... to ... 19...

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

I last saw her alive on ... 19... Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

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 ✓

Date of onset

Stillborn12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayville, Mo. RF 71

Other contributory causes of importance:

FATHER 13. NAME Louis Leon Hartman 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? noMOTHER 15. MAIDEN NAME Leona MacAdams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.

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.

17. INFORMANT (ADDRESS) Mrs. Adams
Rayville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Pisgah Cem DATE Aug 17 193819. FUNERAL DIRECTOR (ADDRESS) J. E. Broghurst
Rayville, Mo.20. FILED Aug 18 1938 Ch. Campbell, M.D.
Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J. W. Gainer, M. D.(Address) Richmond, Mo.

STATEMENT BY LICENSED EMBALMER

I, J. E. Broadhurst....., Licensed Embalmer No. 2171
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not embalmed
..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.
Signed J. E. Broadhurst
Licensed Embalmer No. 2171

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)