

DEPT OCT 18 1938

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

31668
Do not use this space.

1. PLACE OF DEATH *Boone*
 (a) County *Boone* Registration District No. *73*
 (b) Township *Columbia* Primary Registration District No. *3006* Registered No. *199*
 (c) City *Columbia* (d) Street No. *Boone County 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. How long in U.S., if of foreign birth? yrs. mos. ds.
 (*General Practice*)
 2. PRINT FULL NAME ~~(*General Practice*)~~ *WIFE, A. I.*
 (a) Residence, No. *Columbia, Mo.* 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 *M* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 3, 1938*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 0 4 hrs.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*
 9. Industry or business in which work was done, as saw mill, bank, etc. *None*
 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) *Brookfield, Mo.*
 FATHER 13. NAME *Wm. A. Connell*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*
 MOTHER 15. MAIDEN NAME *Lillie Odum*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 17. INFORMANT (ADDRESS) *Wm. A. Connell*
Columbia, Mo. Route 4.
 18. BURIAL, CREMATION, OR REMOVAL PLACE *M^cHurks, Mo.* DATE *9-5-1938*
 19. FUNERAL DIRECTOR (ADDRESS) *W. Vandevanter*
 20. FILED *9/6/1938* *Allie Selby* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *9-3-1938*
 22. I HEREBY CERTIFY, That I attended deceased from *on Sep. 3, 1938* to *1938*
 I last saw h. *alive on 9-3-1938* Death is said to have occurred on the date stated above, at *6 P.M.*
 The principal cause of death and related causes of importance were as follows:
Probably injured in
birth. Lived a few mo
1601
 Date of onset *9-3-38*
 Other contributory causes of importance:
It was a woman declining
and very difficult
 Name of operation *None* Date of *None*
 What test confirmed diagnosis? *None* Was there an autopsy? *No*
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? *no* Date of injury *None*
 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 *Difficult labor*
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify *None*
 (Signed) *W. P. Deary* M. D.
74 (Address) *Columbia, 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.

STATEMENT BY LICENSED EMBALMER

I, W H Vanderwenter

Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed W H Vanderwenter

Licensed Embalmer No. 2494

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.)