

JAN 24 1938

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

46710
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 789
(b) Township Central Primary Registration District No. 60330
(c) City Overland (d) Street No. 1944 Korando Registered No. 363
(e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Thomas Overbey

(a) Residence, No. 1944 Korando St. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Alexander Overbey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 8-1887
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 50 10 20
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
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) Somerville, Ga.

13. NAME HUGH OVERBY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SOMMERVILLE, GA.

15. MAIDEN NAME: MARY JANE DUBILAR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TUBELL HILL, GA.

17. INFORMANT Margaret Overbey
(ADDRESS) 1944 Korando Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Central Bur DATE DEC 30 1937

19. FUNERAL DIRECTOR Baumgardner Bros
(ADDRESS) Overland Mo

20. FILED 12-29-37 Al B. Boehmer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1937 to Dec 26 1937. I last saw him alive on Dec 27 1937. Death is said

to have occurred on the date stated above, at 4: A. m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
108

Other contributory causes of importance:

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? no

If so, specify

(Signed) R. B. Jennings, M. D.

(Address) Overland 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.

OCT 25 1951

NEW YORK

STATEMENT BY LICENSED EMBALMER

I, Earl J. Hillman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. _____

No. 24 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Earl J. Hillman

Licensed Embalmer No. 3501

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.)