

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

3440

Do not use this space.

PLACE OF DEATH

(a) County 65 Mercer  
(b) Township Morgan  
(c) City   
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 556  
Primary Registration District No. 5750

Registered No. 1

(d) Street No. 240  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. John Bigley 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
Something near 90 years

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm hand  
9. Industry or business in which work was done, as saw mill, bank, etc. by younger  
10. Date deceased last worked at this occupation (month and year) days 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME "

16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Jessie Holmes  
Princeton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlepoint DATE Jan 3 1938

19. FUNERAL DIRECTOR (ADDRESS) Nash Moss  
Princeton

20. FILED 1/3 1938 J M Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1938

22. I HEREBY CERTIFY That I attended deceased from 1000 25, 1937 to Jan 2, 1938

I last saw him alive on Jan 2, 1938 Death is said to have occurred on the date stated above, at 7 A m.

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

Fracture Right Femur Date of onset 12/25  
Displaced fracture

Other contributory causes of importance:

Senility  
Chronic nephritis 1860  
18

Name of operation Reduction Date of 12-25

What test confirmed diagnosis? Physician Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 12-25 1937

Where did injury occur? On farm near Middlepoint (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

On farm

Manner of injury fall - on hip

Nature of injury fracture R hip

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. L. Perry M. D.

(Address) Princeton Mo.

RECEIVED

FEB 23 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

*Body was not embalmed.*

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

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

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*W. E. Moss*

Licensed Embalmer No. \_\_\_\_\_

**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.)**