

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.

REC'D MAR 17 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

7027

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 407  
 (b) Township Barlow Primary Registration District No. 4241  
 (c) City Barlow (d) Street No. \_\_\_\_\_ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 14 N. of Town 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 Male 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 Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 10, 1860  
 7. AGE YEARS 77 MONTHS 10 DAYS 9 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. Miner  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Pineville (STATE OR COUNTRY) Missouri

13. NAME Samuel Brown

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

15. MAIDEN NAME Elizabeth Martin

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

17. INFORMANT (ADDRESS) Miss Anna White  
R #1 Barlow

18. BURIAL, CREMATION, OR REMOVAL PLACE W. H. City Cem. DATE Feb 22, 1938

19. FUNERAL DIRECTOR (ADDRESS) W. H. City Cem.

20. FILED Feb. 22, 1938 J. W. Clark Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938 to Feb 19, 1938

I last saw him alive on Feb 17, 1938 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Chronic Interstitial  
Pneumonia Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Chail Was there an autopsy? No

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) J. W. Clark, M. D.  
 369 (Address) W. H. City Cem.

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Johnston, Licensed Embalmer No. 3,922,  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself,  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 3,922.

**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.)**