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 APR 22 1939

Dr Rippe

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

11683
Do not use this space.

1. PLACE OF DEATH
(a) County Pemiscot Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 4388 Registered No. 26
(c) City Caruthersville (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 John Washington 3.52
(a) Residence, No. ..... 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Washington
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) D.K.
7. AGE About 39 YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Labor
9. Industry or business in which work was done, as saw mill, bank, etc. Farming
10. Date deceased last worked at this occupation (month and year) Nov. 1937
11. Total time (years) spent in this occupation Life

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

FATHER
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mary Washington Caruthersville Mo
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Morgan Ridge cemetery DATE March 18, 1938
19. FUNERAL ~~DIRECTOR (NAME)~~ (ADDRESS) H S Smith Caruthersville Mo
20. FILED March 17, 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20, 1937 to March 16, 1938
I last saw him alive on Feb. 20, 1938 Death is said to have occurred on the date stated above, at 2:10 p.m.
The principal cause of death and related causes of importance were as follows:

Nephritis, chronic — Date of onset About Dec. 1, 1937.

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Other contributory causes of importance:
undetermined

Name of operation none Date of .....
What test confirmed diagnosis? clinical 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) G.W. Phipps, M. D.
(Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.