

REC'D APR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Shelby

Registration District No. 830

Township South

Primary Registration District No. 4503

City Shelby Hospital

St. \_\_\_\_\_

Ward) \_\_\_\_\_

2. FULL NAME Robert Lee Latimer 356

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. \_\_\_\_\_

mos. 2

ds. \_\_\_\_\_

How long in U. S., if of foreign birth?

yrs. \_\_\_\_\_

mos. \_\_\_\_\_

ds. \_\_\_\_\_

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

Sarah E. Latimer

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

April 24 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

68

10

24

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Farmer.

9. Industry or business in which work was done, as silk mill, 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)

Shelby Co. Missouri

FATHER

13. NAME

Thomas O. Latimer

MOTHER

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

Missouri Tenn.

15. MAIDEN NAME

Mary Elizabeth Elgin

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

Shelby Co. Missouri

17. INFORMANT (ADDRESS)

Mrs. Aaron Meares Bethel Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelby Cemetery DATE Mar 20 1938

19. UNDERTAKER (ADDRESS)

W. H. Hinesport Bethel, Missouri

20. FILED

March 19 1938 Ruth Joyner Registrar.

MEDICAL CERTIFICATE OF DEATH

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

March 18 1938

22. I HEREBY CERTIFY, That I attended deceased from

March 12 1938, to March 18 1938

I last saw him alive on March 18 1938 Death is said

to have occurred on the date stated above, at 11:25 AM

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

Pneumonia Lobar  
Grippe

Date of onset Mar 12

Other contributory causes of importance:

Toxemia from  
Renal insufficiency

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 Not licensed

Nature of injury \_\_\_\_\_

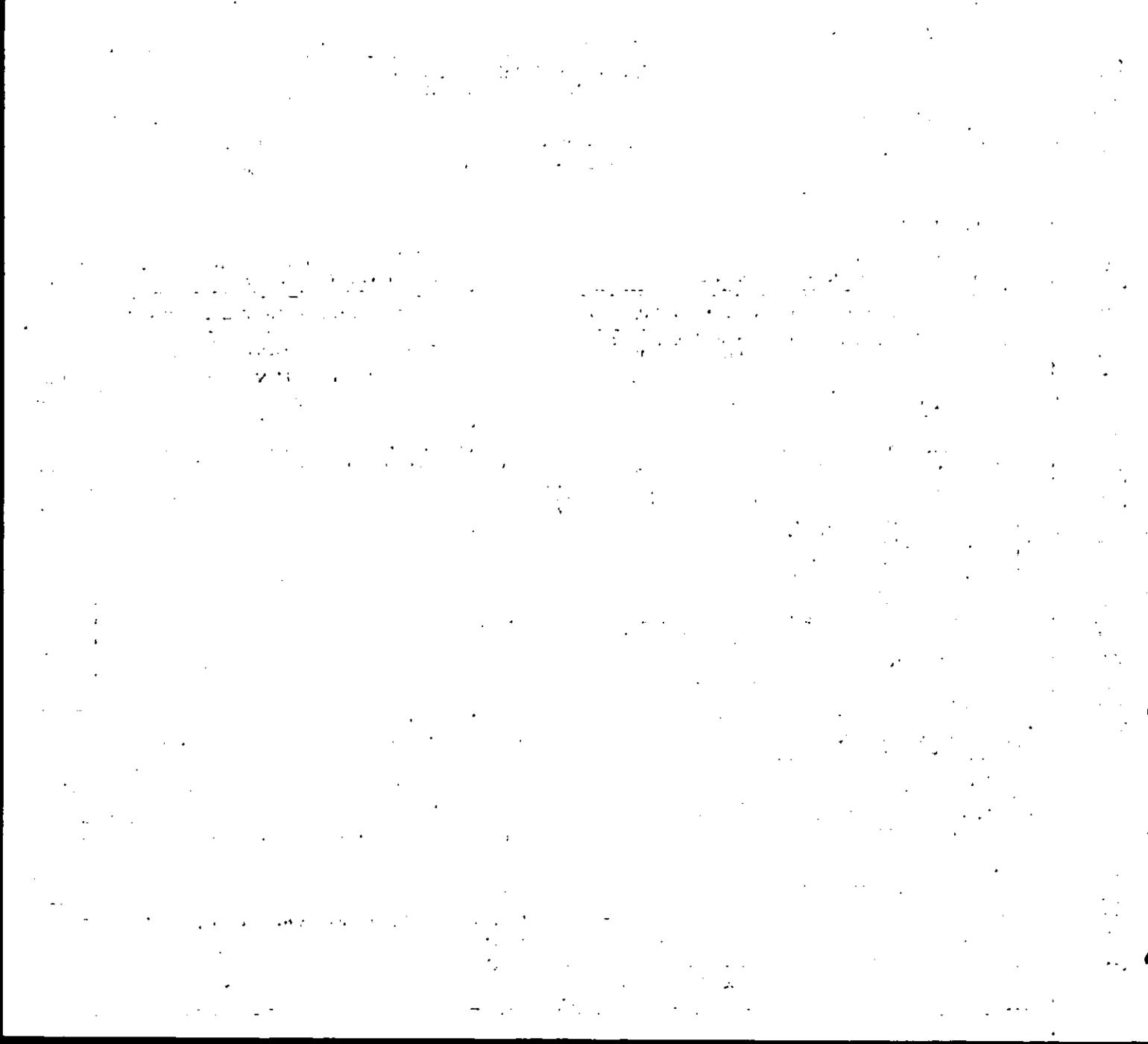
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. H. Hinesport M. D.

74-9 (Address) Newark, 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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

12260  
Do not use this space.

1. PLACE OF DEATH

(a) County Spelby Registration District No. 830  
 (b) Township Shelbina Primary Registration District No. 4503 Registered No. ....  
 (c) City Shelbina (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. Robert Lee Latimer 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 68 10 24  
 OCCUPATION 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. ....  
 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) .....

FATHER 13. NAME .....

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

MOTHER 15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19 .....

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED May 23 1938 Ruth Joyner Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1938

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...  
 I last saw him alive on 19... 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:

Date of onset

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?  
 If so, specify (Signed) J. D. Ferguson, M. D.  
 (Address) Shelbina Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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