

REC'D MAY 18 1938

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

14711
Do not use this space.

1. PLACE OF DEATH

(a) County Brandy Registration District No. 328
(b) Township Trenton Primary Registration District No. 3017 Registered No. _____
(c) City Trenton (d) Street No. _____
(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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Clark Earl Deputy St. 100
694 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27, 1850

7. AGE YEARS 87 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer
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 42

12. BIRTHPLACE (CITY OR TOWN) Bellin (STATE OR COUNTRY) Michigan

FATHER 13. NAME Abraham Deputy

14. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) State

MOTHER 15. MAIDEN NAME Edwina Sannow

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

17. INFORMANT Fred C. Deputy (ADDRESS) Trenton Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Westwood Cemetery DATE Apr. 20, 1938

19. FUNERAL DIRECTOR (NAME) Nemley Funeral Home (ADDRESS) 813 Center Trenton, Mo.

20. FILED 4-19 1938 Gene D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31 - April 18, 1938 to April 18, 1938
I last saw him alive on April 18, 1938 Death is said to have occurred on the date stated above, at 4:30 p. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis
1860
18
Other contributory causes of importance:
Traumatic injury to
lt. shoulder hip
Pulmonary congestion

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) W. A. Eason, M. D.
(Address) Trenton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

194B

41

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,

Clifford Oberg

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Clifford Oberg

Licensed Embalmer No. *3423*

P. O. Address *Trenton Mo*

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Brandy Registration District No. 328
(b) Township _____ Primary Registration District No. 3017 Registered No. _____
(c) City Prenton (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

Clark Earl Deputy
(a) Residence, No. _____ 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) wid

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.
87 2 21

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 _____

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

MOTHER 15. MAIDEN NAME _____

MOTHER 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 _____ 19 _____

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

I last saw h. _____ 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:

Traumatic injury to rt shoulder & hip
Date of onset _____
1862

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 3-31-, 1938

Where did injury occur? at his home, Prenton, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

at home
Manner of injury Fell while walking to bath
Nature of injury Dislocated rt shoulder - fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) W. E. Tyson, M. D.
(Address) Prenton, Mo

Local Registrar.

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

