

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

15318
 Do not use this space.

REC'D MAY 23 1938

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 575
 (b) Township WILLOW FORK Primary Registration District No. 7337
 (c) City Tipton (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 1 yrs 2 mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. _____

2. PRINT FULL NAME Shirley S. Puckett 230

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Veda Puckett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September, 6, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
36 7 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician
 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) March, 1938 11. Total time (years) spent in this occupation 10 year 5

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

FATHER 13. NAME F. R. Puckett
 14. BIRTHPLACE (CITY OR TOWN) Mayview
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Vella Marr
 16. BIRTHPLACE (CITY OR TOWN) Mayview
 (STATE OR COUNTRY) Missouri

17. INFORMANT Veda M. Puckett
 (ADDRESS) Tipton Mo

18. CREATION OR REMOVAL PLACE Mayview, Mo DATE 4/26/1938

19. FUNERAL DIRECTOR Jessie E. Richards
 (ADDRESS) TIPTON MO

20. FILED APR 25 1938 THIS Local Registrar 507

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 15, 1938, to Apr 24, 1938
 I last saw him alive on Apr 24, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia

Date of onset

about
Apr
15th
1938

Other contributory causes of importance:

Name of operation none Date of _____
 What test confirmed diagnosis? X-Ray 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) B. F. Rowland, M. D.

(Address) Tipton 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.

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STATEMENT BY LICENSED EMBALMER

I, Jessie E. Richards, Licensed Embalmer No. 2466
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Jessie E. Richards
Licensed Embalmer No. 2466

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.)