

REC'D JUN 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17631

Do not use this space.

1. PLACE OF DEATH

(a) County Bates

(b) Township

(c) City Butler(d) Street No. 3601Registration District No. 50Primary Registration District No. 300XRegistered No. 33

(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. Everett Adair 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)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1875

7. AGE

YEARS

63

MONTHS

0

DAYS

10

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

OCCUPATION

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

Salver

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) New Columbia Mo.
(STATE OR COUNTRY) Missouri

FATHER

13. NAME

Dont know14. BIRTHPLACE (CITY OR TOWN) Dont know.
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

John Hinkel Neighbor
Butler Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Dal. HillDATE May 14, 1938

19. FUNERAL DIRECTOR (ADDRESS)

Butler Mo20. FILED May 14, 1938 Nina L Culver
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 193822. I HEREBY CERTIFY, That I attended deceased from 5-6-, 1938, to 5-11-, 1938I last saw him alive on 5-11-, 1938. Death is saidto have occurred on the date stated above, at 11 A.M.

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

Chronic hyocanosis

Date of onset

Other contributory causes of importance: g2C

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) Atwood M. D.(Address) 53

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Harry G. Newell, Licensed Embalmer No. 3111
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 Harry G. Newell
Licensed Embalmer No. 3111

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.)