

REC'D JUN 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County Howard

Township

City WayetteRegistration District No. 878Primary Registration District No. 4-32(No. Lee Hospital)File No. 18387Registered No. 25

St. _____ Ward _____

2. FULL NAME John C. Overton(a) Residence, No. R. R. # 1 Franklin, Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 19317. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 0 28. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Howard Co. (STATE OR COUNTRY) Franklin, Mo.13. NAME Leslie Overton14. BIRTHPLACE (CITY OR TOWN) Cooper Co. (STATE OR COUNTRY) Mo.15. MAIDEN NAME Mary Drew16. BIRTHPLACE (CITY OR TOWN) Cooper Co. (STATE OR COUNTRY) Mo.17. INFORMANT Leslie L. Overton, (ADDRESS) R. R. D. # 1 Franklin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville City DATE May 2819. UNDERTAKER L. J. Meister (ADDRESS) Boonville Mo.20. FILED June 2, 1938 V. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 193822. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to May 24, 1938I last saw him alive on 5-24, 1938 Death is saidto have occurred on the date stated above, at 3.45 P.M.

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

Date of onset

Burn 2° entire body 5-24

Other contributory causes of importance:

Name of operation None Date of _____What test confirmed diagnosis Physiology Was there an autopsy? No23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 5-24, 1938Where did injury occur? at home near New Franklin, Mo. (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury BurnNature of injury Burn - Extensive24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify Mr. J. Shaw

(Signed) _____, M. D.

(Address) Wayette, 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.

M

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

18387
Do not use this space.

1. PLACE OF DEATH

(a) County Howard Registration District No. 378
 (b) Township _____ Primary Registration District No. 4322 Registered No. _____
 (c) City Fayette (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 P. Overton
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(Write the word)

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

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

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.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
7 0 2

Burned 90% entire body Date of onset 180

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 _____

Other contributory causes of importance:
House burned completely

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

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____ 19... Local Registrar.

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 Wm. J. Shaw M. D.
 (Signed) _____ (Address) Fayette

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.

SUPPLEMENTARY

