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 FRANKLIN
City (No. At Home St. Ward)
Registration District No. 380
Primary Registration District No. 5530
File No. 18400
Registered No. 13

2. FULL NAME Andy B. Overton 16
(a) Residence, No. R.R. # 1 Franklin, Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 12, 1923
7. AGE: YEARS 14, MONTHS 8, DAYS 12; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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): Gooch Mill, Mo

FATHER
13. NAME: Leslie L. Overton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County, Mo.

MOTHER
15. MAIDEN NAME: Mary Drew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cooper County, Mo.

17. INFORMANT (ADDRESS): Leslie L. Overton, R.F.D. # 1 Franklin, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Boonville City DATE May 26, 1938
19. UNDERTAKER (ADDRESS): L. J. Meister, Boonville Mo
20. FILED May 26, 1938 J. B. Fleet, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 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 8 a m.
The principal cause of death and related causes of importance were as follows: Date of onset
accident - Burned to death in a fire which followed an explosion that occured while deceased Andy B. Overton was pouring a petroleum product purchased for Kerosene, in a stove
Other contributory causes of importance:
180
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? Franklin Township, Howard Co. Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
in home
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Donald Bain, Justice of the Peace in & for Franklin twp. Howard Co. Mo. acting as Coroner ad Litem.
(Address)

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.