

REC'D JUN 8 1938

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

18964
Do not use this space.

1. PLACE OF DEATH *2*
(a) County *New Madrid* Registration District No. *604*
(b) Township *1* Primary Registration District No. *4356* Registered No. _____
(c) City *Marion* (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 *Charles Leonidas Latimer* *356*
(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 (OR) WIFE OF *Minerva Latimer*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 2 - 1879*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Sawmill*
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) *Union City Tenn.*

FATHER 13. NAME *Robert Latimer* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Union City Tenn.*

MOTHER 15. MAIDEN NAME *Annie Hickman* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Union City Tenn.*

17. INFORMANT (ADDRESS) *Keenan Latimer Marion Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Park* DATE *May 10 38*

19. FUNERAL DIRECTOR (ADDRESS) *Keenan Latimer Co. New Madrid Mo*

20. FILED *5/9/1938* *Wm. O. Bannan* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 8* 19 *38*

22. I HEREBY CERTIFY, That I attended deceased from *May 8* 19 *38*, to *May 8* 19 *38*.
I last saw him/her alive on *May 8* 19 *38*. Death is said to have occurred on the date stated above, at *10 P.* m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset *May 8 - 38*

Other contributory causes of importance: _____

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) *Charles W. Bannan*, M. D.
Marion Mo (Address) _____

533

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,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)