

REC'D JUN 15 1938

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

19100
Do not use this space.

1. PLACE OF DEATH

(a) County Permisscot 2 Registration District No. 653
(b) Township 1 Primary Registration District No. 4390
(c) City Hope MO (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

(a) Residence, No. John Lucas 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 Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widower
(write the word)

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

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

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 53

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. farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Arnolds (STATE OR COUNTRY) Miss13. NAME unknown14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)15. MAIDEN NAME Mollie Branch16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY)17. INFORMANT Fannie Sanders (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Worcester cemetery DATE May-17 193819. FUNERAL DIRECTOR (NAME) W. M. Hardwick (ADDRESS) Hope MO20. FILED May 17, 1938 J. W. Rhodes Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-17 - 1938

22. HEREBY CERTIFY, That I attended deceased from May 15, 1938 to only, 1938.
I last saw him alive on May 15, 1938. 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:

Branch Parkinsonism Date of onset 79

Other contributory causes of importance: Senile debility

Name of operation _____ Date of _____

What test confirmed diagnosis? None Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938Where 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) William J. Pitt, M. D.(Address) Hope

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con
with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, above space should be left blank.