

REC'D JUN 24 1938

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

1939

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 775
(b) Township Big River Primary Registration District No. 6019 Registered No. 39
(c) City R-1, Bonne Terre Mo (d) Street No. _____
(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

William Jarvis 520
(a) Residence, No. R-1, Bonne Terre Mo 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22, 1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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 11

12. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri

13. NAME Francis Jarvis
14. BIRTHPLACE (CITY OR TOWN) Ste Genevieve (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Bratt
16. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri

17. INFORMANT (NAME) Joseph Jarvis (ADDRESS) Bonne Terre Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's Cemetery DATE May 3, 1938

19. FUNERAL DIRECTOR (NAME) Benham Ind Co (ADDRESS) Bonne Terre Mo

20. FILED May 3, 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to May 1, 1938
I last saw him alive on about Dec 1, 1937. Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
94%

Date of onset

Other contributory causes of importance:

Heart lesion, of long standing - High Blood pressure

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) W. M. D.

(Address) Bonne Terre - Mo.

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,

G. J. Claywell

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

G. J. Claywell

Licensed Embalmer No.

37061

P. O. Address

Bonnet Street

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

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

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

19395
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francis Registration District No. 778
(b) Township Big River Primary Registration District No. 6019
(c) City (d) Street No. 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 William James

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 10 9

OCCUPATION 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

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

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 May 3 1938 W. W. Haul
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1938

22. I HEREBY CERTIFY, That I attended deceased from to

I last saw h. alive on, 19..... Death is said to have occurred on the date stated above, at m.

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

Date of onset

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?

If so, specify (Signed) J. J. Mastey, M. D.

(Address) Donne Opera

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

