

DEC'D JUL 20 1938

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

21899

Do not use this space.

1. PLACE OF BIRTH

(a) County Greene Registration District No. 315
(b) Township S. Campbell Primary Registration District No. 5440
(c) City Springfield Mo (d) Street No. R#9 Registered No. 484
(e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence No. R#9 St. Mo (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 25 July - 1871

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
78 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bookery
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Springfield Mo13. NAME Paul Douglas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill15. MAIDEN NAME Nancy W. W.16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill17. INFORMANT (ADDRESS) Paul M. Cairn18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo19. FUNERAL DIRECTOR (NAME) (ADDRESS) John H. ...20. FILED June 16, 1938 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 193822. I HEREBY CERTIFY, That I attended deceased from June 12, 1938 to June 15, 1938Last saw him alive on June 12, 1938 Death is said to have occurred on the date stated above, at 3:30 a.m.

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

Coronary FailureEndocarditis RenalisOther contributory causes of importance: 92 h Semility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

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) Paul M. Cairn, M. D.(Address) Springfield 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,

or by

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

Signed

Walter E. Hamilton

Licensed Embalmer No.

3808

P. O. Address

Springfield, Mo.

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.)

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