

REC'D JUL 11 1938

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

22456  
Do not use this space.

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 568  
(b) Township Ohio Primary Registration District No. 57625  
(c) City Wygatt (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 14 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Callura Foster Wygatt Mo. St.  \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-5-1891  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
46 11 26  
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) 1936 11. Total time (years) spent in this occupation \_\_\_\_\_

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Viola Foster  
Wygatt, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 6-5-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank L. Linn Funeral Service  
Charleston Mo.

20. FILED 6-5-38 J. Vernon  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1938, to June 1, 1938  
I last saw him alive on May 20, 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis (Cephalic)  
Rheumatoid Arthritis  
Date of onset 6 months or more  
200  
6 m.  
7  
more

Other contributory causes of importance: \_\_\_\_\_  
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? no  
If so, specify \_\_\_\_\_  
(Signed) W. S. Love, M. D.  
500 (Address) Charleston, Mo.

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.

MAY 24 1950

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, .....

*Thomas C Bass*

, or by .....

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

Signed.....

*Thomas C Bass*

Licensed Embalmer No. ....

*3977*

P. O. Address.....

*Charleston, W. Va.*

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.