

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

22595
 Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH
 (a) County Demiscott Registration District No. 114
 (b) Township Butler Primary Registration District No. 5867 Registered No. 19
 (c) City Portageville, Mo. (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 Howard Oneal Terry 600
 (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) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 27

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

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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1938

22. I HEREBY CERTIFY, that I attended deceased from June 20, 1938, to June 24, 1938. I last saw him alive on June 23, 1938. Death is said to have occurred on the date stated above, at 4:30 A. M.
 The principal cause of death and related causes of importance were as follows:
Septic Acolitic
 Date of onset 6-15-38

Other contributory causes of importance
Dehydration 6-20-38

Name of operation none Date of _____
 What test confirmed diagnosis? None 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) Raymond C. Leonard, M. D.
 (Address) Portageville, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville, Mo.

FATHER
 13. NAME Howard Terry
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carrol County Tenn.

MOTHER
 15. MAIDEN NAME Hazel Marie Stewart
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Camden, Tenn.

17. INFORMANT (ADDRESS) Howard Terry
Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo. DATE 6-25-38

19. FUNERAL DIRECTOR (ADDRESS) E. L. Payne
Portageville, Mo.

20. FILED 7-5-38 Mary W. Cook
 Local Registrar.

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.)