

REC'D JUL 17 1938

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

L. E. Casper

22601
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656
 (b) Township Cooter Primary Registration District No. 5873 Registered No. _____
 (c) City Cooter (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 Bobbie Eugene Jones 520

(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) Inf
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Inf
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6--22--36
 7. AGE YEARS 1 MONTHS 11 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. W. P. C.
 9. Industry or business in which work was done, as saw mill, bank, etc. Day Labor
 10. Date deceased last worked at this occupation (month and year) _____ Total time (years) spent in this occupation _____

OCCUPATION

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Cooter (STATE OR COUNTRY) Mo.
 13. NAME Lucian Earl Jones
 14. BIRTHPLACE (CITY OR TOWN) Marlton (STATE OR COUNTRY) Ark
 15. MAIDEN NAME Inez Renfro
 16. BIRTHPLACE (CITY OR TOWN) Cooter (STATE OR COUNTRY) Mo
 17. INFORMANT Lucian Earl Jones (ADDRESS) Cooter, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE 6--15--38
 19. FUNERAL DIRECTOR (ADDRESS) German Undt Co
Steele, Missouri
 20. FILED 7-15 1938 Montgomery Local Registrar. 579

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6--14--1938

22. I HEREBY CERTIFY That I attended deceased from June 1 1938, to June 14 1938.
 I first saw him alive on June 14, 1938. Death is said to have occurred on the date stated above, at 10p m.

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

Whooping Cough.

Date of onset

Other contributory causes of importance:

Ileo-celitis

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 _____, 1938

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) L. E. Casper, M. D.

(Address) Cooter, Mo

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.)