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

REC'D JUL 15 1938

22766
Do not use this space.

1. PLACE OF DEATH
(a) County Reynolds Registration District No. 748
(b) Township Logan Primary Registration District No. 0982 Registered No.
(c) City (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Moses Latham.
(a) Residence, No. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	77	6	3	

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edge Hill Mo. 0

FATHER
13. NAME Edward Latham. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia. 1

MOTHER
15. MAIDEN NAME Angeline Hillan.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Verginia.

17. INFORMANT (ADDRESS) Effie M. Latham. Ellington, Mo.

18. BURIAL, CREATION, OR REMOVAL
PLACE Autrey Cemitary. 7-5 1938

19. FUNERAL DIRECTOR (ADDRESS) Norman White & Sons, Ironton Mo.

20. FILED July 3 1938 Rosie Evans, *Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/3 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/28 1938, to 7/3 1938
Last saw h alive on 7/3 1938. Death is said to have occurred on the date stated above, at 8:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cutaneous Cholitis	
131	

Other contributory causes of importance:
Chronic Nephritis
Mitral Regurgitation

Name of operation None 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) [illegible], M. D.
171 (Address) Ellington Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Norman White, Licensed Embalmer No. II84

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Norman White

Licensed Embalmer No. II84

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.)