

REC'D AUG 10 1938

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

24684

Do not use this space.

1. PLACE OF DEATH

(a) County BooneRegistration District No. 73(b) Township ColumbiaPrimary Registration District No. 3006(c) City Columbia(d) Street No. 400 N 8thRegistered No. 156

(e) Length of residence in city or town where death occurred yrs. mos. da.

(f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 400 N 8th St 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Myrtle Nevins</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 7, 1865</u>		
7. AGE <u>72</u>	YEARS <u>11</u>	MONTHS <u>3</u>
		DAYS <u>3</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Painter</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Contractor</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u>	
	13. NAME <u>Robert M Nevins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Murphysboro Tenn</u>	
MOTHER	15. MAIDEN NAME <u>MARY Ridgeway</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo</u>	
	17. INFORMANT (ADDRESS) <u>Ray Salderson 1007 North East Columbia Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cemetery</u>	DATE <u>July 12th 1938</u>
	19. FUNERAL DIRECTOR (ADDRESS) <u>R. O. Willett Columbia Mo</u>	
	20. FILED <u>7/12/38</u>	<u>Allie Selby</u> Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 193822. I HEREBY CERTIFY, That I attended deceased from July 8 - 1938, to July 10 1938I last saw him alive on July 8 1938 Death is said to have occurred on the date stated above at 5 A. m.

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

Pulmonary edema July 8
93C

Other contributory causes of importance:

Arterial Hypertension
Myocardial infarction

Name of operation None Date ofWhat test confirmed diagnosis? Blood P. Was there an autopsy? No23. 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) Frank E. Decker, M. D.7/12 (Address) Columbia Mo

STATEMENT BY LICENSED EMBALMER

I, Lynnan H. Sprinkle, Licensed Embalmer No. 4013

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me (Arteria)

+ Cavity L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lynnan H. Sprinkle

Licensed Embalmer No. 4013

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.)