

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

26110
 Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH

(a) County Demarest Registration District No. 651
 (b) Township ~~Demarest~~ Primary Registration District No. 4888 Registered No. 77
 (c) City ~~Demarest~~ (d) Street No. _____ 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

Oliver Moreell Teal
 (a) Residence, No. 11th + Beechwith Ave. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Teal

22. I HEREBY CERTIFY, That I attended deceased from July 19, 1936 to July 15, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1865

I last saw him alive on July 15, 1938. Death is said to have occurred on the date stated above, at 11:30 p.m.

7. AGE YEARS 73 MONTHS 0 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Night Watchman
 9. Industry or business in which work was done, as saw mill, bank, etc. Gen
 10. Date deceased last worked at this occupation (month and year) Oct. 3, 1937
 11. Total time (years) spent in this occupation Unknown

Cancer of duct knot
51 P. - Bladder
 Other contributory causes of importance: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chester Illinois

Name of operation 0 Date of 0

13. NAME John Teal

What test confirmed diagnosis? 0 Was there an autopsy? 0

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

15. MAIDEN NAME Marian

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0, 19____

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

Where did injury occur? 0 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Mary Teal
 (ADDRESS) Caruthersville, Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Caruthersville DATE 7/16/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) La Forge and Co. Caruthersville, Mo.

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED Aug. 1, 1938 Ada Martin
 Local Registrar.

(Signed) approved, M. D.
 (Address) 601 Caruthersville

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by John G. Schaeume

Registered Apprentice No. 92, working under my personal supervision.

Signed J. L. La Forge

Licensed Embalmer No. 3082

P. O. Address Cantonville, ?

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.