

REC'D SEP 26 1938

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

29538

Do not use this space.

1. PLACE OF DEATH

(a) County MONROE Registration District No. 582
(b) Township PARIS Primary Registration District No. 4344 Registered No. 31
(c) City PARIS (d) Street No. 421 COOPER AVE 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

HUNTER FREEMAN 655
(a) Residence, No. 421 COOPER AVE, PARIS, MO. (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 PEARL ARNOLD FREEMAN
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 5TH 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 8 18
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RAIL MAIL CARRIER
9. Industry or business in which work was done, as saw mill, bank, etc. U. S. POSTAL DEPT.
10. Date deceased last worked at this occupation (month and year) AUG. 14 1938 11. Total time (years) spent in this occupation 32

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE CO, MO.

13. NAME GABRIEL FREEMAN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CULPEPER COURT HOUSE VA.

15. MAIDEN NAME ELIZABETH SHORT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VA.

17. INFORMANT PEARL A. FREEMAN
(ADDRESS) PARIS, MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE AUG. 25 1938

19. FUNERAL DIRECTOR SPEED + BLAKEY
(ADDRESS) PARIS, MO.

20. FILED AUG. 24 1938 H. C. Payne Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1935 to Aug 23, 1938
I last saw him alive on Aug 23 1938 Death is said to have occurred on the date stated above, at 10:50 P.M.

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

Cerebral Embolism
870
Date of onset 8/20/38
Other contributory causes of importance Cataract Right Eye 8/16/38

Name of operation..... 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) Geo. W. Regalla, M. D.
513 (Address) PARIS, MO.

RECEIVED

District Health Officer No. 10

District File Number 10-38-139

Date Filed 9-15-38

STATEMENT BY LICENSED EMBALMER

I, E. H. Agnew, Licensed Embalmer No. 4000

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 E. H. Agnew

Licensed Embalmer No. 4000

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.)