CEC'D SEP 28 1938

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

30229
Do not use this space.

1. PLACE OF DEATH
(a) County Vernon — Registration District No. 875
(b) Township Center — Primary Registration District No. 3039 — Registered No. 206
(c) City Nevada — (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 Thomas Dean 56
(a) Residence, No. 722 N. Adams 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 16, 1878
7. AGE: YEARS 60 — MONTHS 3 — DAYS 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Invalid
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): Kentucky

FATHER
13. NAME: Thomas J. Dean
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Kentucky

MOTHER
15. MAIDEN NAME: Menervia Hackett
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Mrs Daisy Gordan Nevada, Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Newton Cemetery DATE Aug. 15, 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Ferry Funeral Home Nevada, Missouri
20. FILED 8-17, 1938 Allen V Hayes Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 13, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 12, 1938, to Aug 13, 1938
I last saw him alive on Aug 12, 1938. Death is said to have occurred on the date stated above, at 2:20 A.m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis — Date of onset Aug 13 38
94
Other contributory causes of importance:
Name of operation: None — Date of
What test confirmed diagnosis? Clinical — Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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: No
Nature of injury
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) R W Pearce Jr., M. D.
(Address) Nevada 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.

X14028

RECEIVED

District Health Officer No. 7

District File Number 4/38/123

Date Filed 9/12/38

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, personally, ..., or by .....,

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

Signed Lloyd R. Winscott

Licensed Embalmer No. 3857

P. O. Address Nevada, Mo

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.)

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