

DEC'D OCT 5 1938

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

 31664
 Do not use this space.

1. PLACE OF DEATH

 (a) County Boone Registration District No. 72
 (b) Township Centralia Primary Registration District No. 4041 Registered No. 23
 (c) City Centralia (d) Street No. _____
 (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

Howard Primm 650
 (a) Residence, No. _____ 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

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

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Gloria Primm
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 28 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 29

 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
 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) Athens Del.13. NAME Isaac N. Primm14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Del.15. MAIDEN NAME Ann M. Roberts16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Athens Del.17. INFORMANT (ADDRESS) Mrs Nancy Primm
Centralia Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE 9-2919. FUNERAL DIRECTOR (ADDRESS) M. McDonald
Centralia Mo.20. FILED 7/29 1938 XLocal Registrar. 892

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 6th 1938, to Sept 30th 1938
 I last saw him alive on Sept 25th 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis

Date of onset

Other contributory causes of importance:

 Name of operation none Date of _____
 What test confirmed diagnosis? Phys Exam Where 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) Howard Primm M. D.
(Address) Centralia Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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

.....
L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Boone Registration District No. 72
(b) Township Primary Registration District No. 4041 Registered No.
(c) City Centralia (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 Homer Pearson

(a) Residence, No. 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

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 5 29

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 9/29 1938 J.W. Barden M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on 19. Death is said to have occurred on the date stated above, at m.

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

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify: (Signed) J. M. Turner M. D.
(Address) Centralia Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

