

REC'D OCT 18 1938

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

**31819**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Butler Registration District No. 88  
 (b) Township Neelyville Primary Registration District No. 5130 Registered No. 37  
 (c) City \_\_\_\_\_ (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**

DeLoe Aaron - " 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 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) Jan-1-1935

7. AGE YEARS 3 MONTHS 8 DAYS 22 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Neelyville - R. R. - 0  
 (STATE OR COUNTRY) Butler Co. - Mo. - 0

FATHER 13. NAME Cecil P. Aaron - 0

14. BIRTHPLACE (CITY OR TOWN) Neelyville - 0  
 (STATE OR COUNTRY) Butler Co. - Mo. - 0

MOTHER 15. MAIDEN NAME Sadie Ruth Kerkley -

16. BIRTHPLACE (CITY OR TOWN) Neelyville -  
 (STATE OR COUNTRY) Butler Co. - Mo. -

17. INFORMANT (ADDRESS) A. C. Aaron

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris Ridge DATE Sept 25 38

19. FUNERAL DIRECTOR (NAME) Minnie Dick  
 (ADDRESS) Naylor Mo

20. FILED 10-9 1938 P. Lautenfelt  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1938 to Sept 23 1938

I last saw him alive on Sept 23 1938. Death is said to have occurred on the date stated above, at 7:30 P. m. Sept 23-38.  
 The principal cause of death and related causes of importance were as follows:

septicæmia  
10

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? sternal 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) A. C. Aaron, M. D.(Address) Naylor Mo

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.

**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

*Bryson McCord*

Registered Apprentice No. 97, working under my personal supervision.

Signed

*Norman W. Gish*

Licensed Embalmer No. 3387

P. O. Address

*Piedmont*

**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:**