

DEPT OCT 19 1938

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

31838
Do not use this space.

1. PLACE OF DEATH
(a) County Ballaway Registration District No. 104
(b) Township Jullow Primary Registration District No. 3008
(c) City Jullow (d) Street No. State St. #1 Registered No. 234
(e) Length of residence in city or town where death occurred 2 yrs. 1 mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.
2. PRINT FULL NAME Sam McAfee
(a) Residence, No. Kahoka Mo 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 M 4. COLOR OR RACE W 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) D.K.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 ? ?
8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. Farmer
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) D.K. 11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.
13. NAME D.K.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.
15. MAIDEN NAME D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1938 to Sept 27, 1938
I last saw him alive on Sept 27, 1938 Death is said to have occurred on the date stated above, at 4:20 p.m.
The principal cause of death and related causes of importance were as follows:
Lhs. Myocarditis with myocardial degeneration
Other contributory causes of importance: Atherosclerosis, flexibility
Date of onset D.K.

17. INFORMANT Hosp Records (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka, Mo DATE Sept 28 1938
19. FUNERAL DIRECTOR (NAME) Geo. H. Wallace (ADDRESS) Clinton, Mo
20. FILED Sept 28 1938 B. N. Crewe Local Registrar.

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? No
If so, specify I had no work
(Signed) J. H. Hopkins, M. D.
(Address) Jullow Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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,

Harold J. Christey, or by

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

Signed..... *Harold J. Christey*

Licensed Embalmer No. *40012*

P. O. Address *Dulton, 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.