

RECD OCT 6 1938

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

32839
Do not use this space.

1. PLACE OF DEATH

(a) County Montgomery Registration District No. 592
(b) Township Montgomery Primary Registration District No. 5790
(c) City Buell Mo (d) Street No. _____ St.
(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

(a) Residence, No. _____ St. (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 single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 1 day

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) Buell Mo (STATE OR COUNTRY) Missouri

13. NAME J B Smith

14. BIRTHPLACE (CITY OR TOWN) Warren Co (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Edith Tuttle

16. BIRTHPLACE (CITY OR TOWN) Lincoln Co (STATE OR COUNTRY) Missouri

17. INFORMANT J B Smith (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE near Truxton Mo DATE Sept 5 1938

19. FUNERAL DIRECTOR (NAME) Joseph S. Markley (ADDRESS) Meritt Springs City Mo

20. FILED Sept 4 1938 Paul Memphis Legal Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 - 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1938, to Sept 4 1938

I last saw him alive on Sept 4 - 1938 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:

Asphyxia pallida

Date of onset 9-4-38

Other contributory causes of importance:

Poisoning - Venom & Edema of Lungs, Labour

Name of operation _____ 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? _____ 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) James O. Helms, M. D.

(Address) New Florence Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Exact statement of OCCUPATION should be stated EXACTLY. PHYSICIANS should state CAREFULLY near or information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAREFULLY near or information should be carefully supplied.

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

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.