

NOV 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

35569 Do not use this space.

1. PLACE OF DEATH

(a) County Dunklin (b) Township Union (c) City Campbell (d) Street No. (f) How long in U.S., if of foreign birth?

2. PRINT FULL NAME

(a) Residence, No. Campbell 9th St. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1857

7. AGE YEARS 81 MONTHS - DAYS 24 If LESS than 1 day, ... hr. or ... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer 9. Industry or business in which work was done, as saw mill, bank, etc. Common 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) Mo C

13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Mo

15. MAIDEN NAME 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Mo

17. INFORMANT (ADDRESS) Mrs. A. C. Fritz Belleville Mo 18215 W. Main St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berryville Mo DATE Oct 28 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sanders Funeral Home Campbell Mo

20. FILED Oct 26 1938 E. W. Sanders Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 26 1938

22. I HEREBY CERTIFY, That attended deceased from Oct 23 1938, to Oct 26 1938

I last saw him alive on Oct 25 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

Cerebral Hemorrhage 10/23/38

Other contributory causes of importance: g.j. 301

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 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 W. J. Rutledge M. D. (Signed) Campbell, Mo (Address)

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,

E. W. Sanders

or by _____

Registered Apprentice No. 21289, working under my personal supervision.

Signed *E. W. Sanders*

Licensed Embalmer No. 2289

P. O. Address Campbell 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.