

NOV 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36435
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 4390 653
(b) Township _____ Primary Registration District No. 653 4390 Registered No. 108
(c) City Hayti (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W.A. Delile

(a) Residence, No. unknown 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) unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. peddler
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) 10/1/38
11. Total time (years) spent in this occupation d.k.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

13. NAME unknown

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

15. MAIDEN NAME unknown

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

17. INFORMANT papers found on his person (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Pemiscot County DATE farm 10/3/38

19. FUNERAL DIRECTOR County Farm (ADDRESS) Hayti Mo.

20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1/38 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 830 p.m.

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

broken neck, by falling in a ditch on his head.

Date of onset

Other contributory causes of importance: _____

Name of operation _____ Date of _____ no
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 accident Date of injury 10/1/38
Where did injury occur? Hayti Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public road
Manner of injury fell in ditch breaking
Nature of injury his neck.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Jack Kelley Coroner xxx
Hayti 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.

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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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36430
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1. PLACE OF DEATH
 (a) County Demiseat Registration District No. 653
 (b) Township Hayte Primary Registration District No. 4390 Registered No. 108
 (c) City Hayte (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 W. A. Delile
 (a) Residence, No. W. A. D. 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 unk.
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unk.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unk.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Saddler
 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) unknown
 FATHER 13. NAME unknown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 MOTHER 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT (ADDRESS) Papers found on his person
 18. BURIAL, CREMATION, OR REMOVAL PLACE Demiseat DATE 10-3 1938
 19. FUNERAL DIRECTOR (ADDRESS) County farm Hayte
 20. FILED 10-3 1938 J. W. R. S. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1938
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____
 I last saw him 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:
Broken neck by falling in a ditch
his head
 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? accident Date of injury 10/1 1938
 Where did injury occur? Hayte (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury fall in ditch break
 Nature of injury my neck
 24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify jailed yellow brown
 (Signed) _____ (Address) Hayte

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

