

DEC 13 1938

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

38880  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Adair Registration District No. 168  
 (b) Township Adair Primary Registration District No. 4095 Registered No. 60  
 (c) City Adair Springs (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

(a) Residence, No. 530 Adair M. Young 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 (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unsuitable  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1856  
 7. AGE YEARS 82 MONTHS 0 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 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) Quincy I

FATHER 13. NAME J. G. Isbell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York I

MOTHER 15. MAIDEN NAME Sarah M. Powell  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York I

17. INFORMANT G. W. Dunham  
 (ADDRESS) El Dorado Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maquoketa, Ia DATE Dec 1 1938

19. FUNERAL DIRECTOR Hayes Funeral Service  
 (ADDRESS) Nevada, Mo.

20. FILED 11-29-1938 G. W. Dawson  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov-29 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 5 A. a.m.

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

Med. Medical attendant  
Death occurred from  
natural causes.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance:

Reg. Cert. 200 B.

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 \_\_\_\_\_

(Signed) MD Gwin Coroner Mo.

(Address) El Dorado Springs, Mo.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-434

Date Filed 12-2-38

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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.)**