

DEC 19 1938

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

39060
Do not use this space.

1. PLACE OF DEATH

(a) County De Witt Registration District No. 1035
 (b) Township Jexas Primary Registration District No. 5242 Registered No. _____
 (c) City _____ (d) Street No. Salem, Missouri 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

HARVEY DePriest
 (a) Residence, No. Salem, Missouri St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) Sept. 2, 1912
 7. AGE YEARS MONTHS DYS If LESS than 1 day, hrs. or min.
26 2 4
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Invalid
 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) Kingfisher Okla.

FATHER 13. NAME J. H. DePriest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ill.

MOTHER 15. MAIDEN NAME Minnie M. Hubbard
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Ill.

17. INFORMANT (ADDRESS) J. H. DePriest Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 11/8/38

19. FUNERAL DIRECTOR (ADDRESS) C. K. Spencer Salem, Missouri

20. FILED 11/10 1938 J. W. Prescott Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 1 1935 to July 30 1937
 I last saw him alive on July 30 1937 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia Date of onset Nov 1 1938
SI

Other contributory causes of importance: Chronic Degenerative Process of Spinal cord (now definitely diagnosed) 1914

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Lloyd H. Hunt, M. D.

(Address) H. J. Deane Coroner Salem Mo

I X12004
 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. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Wm. W. McDonald, Licensed Embalmer No. 3806

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Wm. W. McDonald

Licensed Embalmer No. 3806

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.)