

DEC 1938

1938

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

Do not use this space.

1. PLACE OF DEATH

County LincolnRegistration District No. 491Township ClarkPrimary Registration District No. 5656

City (No.)

St. (Ward)

2. FULL NAME

(a) Residence, No. Infant House Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Nov. 26, 38

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 spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, 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) Moscow Mills, Missouri13. NAME Joe Edward House14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winfield, Missouri15. MAIDEN NAME Mary Wills Mills16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dallas, Texas17. INFORMANT Joe House (ADDRESS) Moscow Mills, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Hiland Prairie Cem. DATE Nov 27, 193819. UNDERTAKER Wayne M. Coy (ADDRESS) 1515 1/2 N. Main20. FILED Nov 27, 38 Mrs Pearl Truck Registrar. (Address) Way, Mo

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26, 193822. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938, to Nov 26, 1938

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:

Still-Born - (Protruding cord)

Date of onset

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? _____ 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? _____

If so, specify _____

(Signed) J. H. E. E. E., M. D.(Address) Way, Mo

39668

File No.

Registered No.

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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