

REC'D DEC 01 1938

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
39677
Do not use this space.

1. PLACE OF DEATH *Sum*

(a) County *Sum* Registration District No. *496*

(b) Township *1* Primary Registration District No. *3075* Registered No. *86*

(c) City *Brookfield* (d) Street No. *1* St.

(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 *John F Deem*

(a) Residence, No. *144 So main* 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) *(M)*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Lina M Deem*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 26-1873*

7. AGE YEARS *65* MONTHS *1* DAYS *1* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Miner*

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) *Dec 9 38* 11. Total time (years) spent in this occupation *15 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rothville Mo*

FATHER 13. NAME *John H Deem*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

MOTHER 15. MAIDEN NAME *Lina L. Deem*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rothville Mo*

17. INFORMANT (ADDRESS) *John Deem Brookfield, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Road Hill* DATE *Nov 29 38*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Hunter, R. Balling Brookfield, Mo.*

20. FILED *Dec 1 38* *Justices* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 27*, 19*38*

22. HEREBY CERTIFY, That I attended deceased from *Nov 5*, 19*38*, to *Nov 27*, 19*38*

I last saw him alive on *Nov 26*, 19*38*. Death is said to have occurred on the date stated above, at *2 A.* m.

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

*Ac. Nephritis
secondary to acute
retention from prostate
enlargement*

Other contributory causes of importance: *Carcinoma of Prostate*

Name of operation *None* Date of *None*

What test confirmed diagnosis? *Clinical* 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) *John Deem*, M. D.
 (Address) *Brookfield, Mo*

Date of onset *Nov 10 38*
 Unknown

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-674

Date Filed 12-14-38

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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed L. W. Collins

Licensed Embalmer No. 11164

P. O. Address Brookfield 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39677

Do not use this space.

1. PLACE OF DEATH

(a) County Linn

Registration District No. 496

(b) Township

Primary Registration District No. 3025

Registered No. 86

(c) City Brockfield

(d) Street No. _____
(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. _____ St. _____
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

m

w

m

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

65

1

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

Jan 26 1939 Groat Susan
Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 27 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 _____ m.

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

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. L. Evans, M. D.

(Address) Brockfield

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.

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

SUPPLEMENTARY

