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.

REC'D DEC 16 1938

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

39868
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid — Registration District No. 56
(b) Township Sanderson — Primary Registration District No. 4033 — Registered No. 10
(c) City Sideon — (d) Street No. 1346 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 420 John W. Black
(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

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Nellie Black
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31-1888
7. AGE YEARS 50 MONTHS 3 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman
9. Industry or business in which work was done, as saw mill, bank, etc. Stave mill
10. Date deceased last worked at this occupation (month and year) Nov 30-1938
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wappello, Mo

FATHER
13. NAME Polasky Black
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER
15. MAIDEN NAME Florence Shutter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandborn Indiana

17. INFORMANT (ADDRESS) Paul Black Sideon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Pilgrim DATE 12-3 1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robt R. Meentemeyer Sideon Mo
20. FILED Dec 10 1938 M V Minnus
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from X, 19..., to X, 19...
I last saw h..... alive on X, 19..... Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
DEAD ON ARRIVAL — POSSIBLY CORONARY OCCLUSION	12/1/38

Other contributory causes of importance: 94B

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) Frank E Jones, M. D.
(Address) Sideon, Mo

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.