

DEPT JAN 1 1938

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

42800  
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 207  
(b) Township Plattsburg Primary Registration District No. 4125-  
(c) City Plattsburg Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(d) 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. 124 Morgan St. Bahart St. Plattsburg (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
45 7 3

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as saw mill, bank, etc. vl  
10. Date deceased last worked at this occupation (month and year) 3 months ago 11. Total time (years) spent in this occupation 45

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

13. NAME James E Bahart

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

15. MAIDEN NAME Kate Morgan

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

17. INFORMANT Mrs Morgan W Bahart (ADDRESS) Plattsburg

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Nov 16 1938

19. FUNERAL DIRECTOR A. J. Wynn (ADDRESS) Plattsburg

20. FILED Nov 15 1938 Bernice Chestnut Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 15 1938 to Nov. 14 1938  
I last saw him alive on Nov. 14 1938. Death is said to have occurred on the date stated above, at 4:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Cirrhosis of Liver

Date of onset  
124 Mo

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis clinical symptoms 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? \_\_\_\_\_  
If so, specify no

(Signed) W. B. Spalding, M. D.

(Address) Plattsburg Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
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.

STATEMENT BY LICENSED EMBALMER

I, James L Martin, Licensed Embalmer No. 860  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by James L Martin  
..... L. E. ....  
No. .... or by ..... Registered Apprentice No. ....  
working under my personal supervision.  
Signed James L Martin  
Licensed Embalmer No. 860

**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.)**