

DEC 25 1938

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

45434  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper 3 Registration District No. 411  
 (b) Township Jasper 1 Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Jasper (d) Street No. 1624 Jackson \_\_\_\_\_ 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

(a) Residence, No. 1624 Jackson 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 11 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
87 7 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Nashville / Tenn

13. NAME Reuben Logan

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

15. MAIDEN NAME Sarah Thaxton

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

17. INFORMANT (ADDRESS) Dr Ray Hoover / Jasper Tenn

18. BURIAL, CREMATION OR REMOVAL PLACE Funerary DATE 12/7 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Churchland / Jasper Tenn

20. FILED 12-8-38 1938 Ed D. Jesse Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-38

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him/her alive on Dec 5 - 1938 to \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:15 m. 12/5/38  
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
g2w1

Other contributory causes of importance: Arteriosclerosis

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? view

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Dr J. W. Winchester \_\_\_\_\_, M. D.  
 (Address) Jasper, 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.

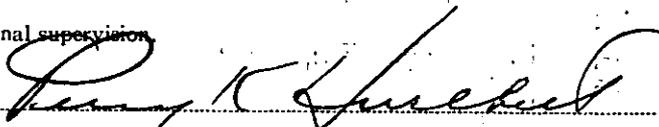
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**STATEMENT BY LICENSED EMBALMER**

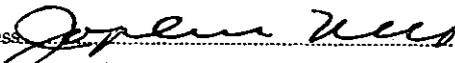
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision

Signed.....  


Licensed Embalmer No. 959

P. O. Address.....  


**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.**