

1939 FEB 20 1939

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

1394
Do not use this space.

I. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Dean Primary Registration District No. 1002
 (c) City Camden city (d) Street No. McCaughey Registered No. 407
 (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.

II. PRINT FULL NAME

(a) Residence, No. 3318 E 18th 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 m
 4. COLOR OR RACE w.
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1 - 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 0 13
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. stock yard e
 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) Ill.

FATHER 13. NAME T. A. Miller

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

MOTHER 15. MAIDEN NAME Rebecca Hoover

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

17. INFORMANT (ADDRESS) Record Clerk
N. C. Gray Street

18. BURIAL, CREMATION OR REMOVAL PLACE Steads Cem DATE 1/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Walter B. Campbell
526 Campbell

20. FILED Jan 30 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1-12 1939 to 1-14 1939
 I last saw him alive on 1-14 1939 Death is said to have occurred on the date stated above, at 9:30 am
 The principal cause of death and related causes of importance were as follows:

Coronary atherosclerosis
Chronic myocardial fibrosis
Hypertrophy of the heart
 Other contributory causes of importance: Bilateral bronchopneumonia
 Date of onset

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
 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?
 (Signed) P. H. De Maria M. D.
 (Address St. Luke's Hospital)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very.

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 comply with the above constitutes grounds for revocation of license.)

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

