

REC'D FEB 23 1939

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

2147

Do not use this space.

1. PLACE OF DEATH

(a) County Went Registration District No. 266
(b) Township Franklin Primary Registration District No. 0373 Registered No. 9
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) 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

(a) Residence, No. Cleo Program St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)
Salem Missouri

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 27, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓ ✓

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) none 11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Missouri

FATHER 13. NAME Clyde Program
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

MOTHER 15. MAIDEN NAME Abbie Cook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

17. INFORMANT (ADDRESS) Clyde Program
Salem, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Minor Cemetery DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) Speiser
Salem, Mo.

20. FILED Jan. 27, 1939 A. E. Butler, M.D.
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1939
22. I HEREBY CERTIFY That I attended deceased from 19..... 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

Stall Barn

Other contributory causes of importance:

Intestinal flu of mackerel

Name of operation usual Date of no
What test confirmed diagnosis? signs Was there an autopsy? no

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? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) A. E. Butler, M.D.
(Address) Salem Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

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.)