

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

2446
Do not use this space.

REC'D FEB 23 1939

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township Clinton Primary Registration District No. 3018 Registered No. _____
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Thomas Le Roy McQueen
 (a) Residence, No. Rogers ave City Clinton (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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-13-1939
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 1
 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) _____ 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton mo
 FATHER 13. NAME Grandville McQueen
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co mo
 MOTHER 15. MAIDEN NAME Louise Helphay
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co mo
 17. INFORMANT (ADDRESS) Grandville McQueen Clinton mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 1-13-39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conrad & Beck Clinton mo
 20. FILED 1-28 1939 Dr. J. R. Houghton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1939
 22. I HEREBY CERTIFY that I attended deceased from _____, 1938 to Jan 13 1939
 I last saw him alive on Jan 3 1938 Death is said to have occurred on the date stated above, at 7 P m.
 The principal cause of death and related causes of importance were as follows:
Sudden death of unknown
probably one heart defect
 Date of onset Jan 13/39
 Other contributory causes of importance: None
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Cholera 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? _____ (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) S B Houghton, M. D.
 (Address) Clinton, 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.

42
4
1

RECEIVED

District Health Officer No. _____
District File Number 1-29-21
Date Filed 2-7-39

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 M. D. Snow

Licensed Embalmer No. 4034

P. O. Address Clinton, Mo

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.