

1939 JAN 24 1939

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

3253
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Portage Primary Registration District No. 3806 Registered No. 2
(c) City near Comman (d) Street No. _____ 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 Julia Anglin

(a) Residence, No. _____ 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. N. Anglin
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875-1-15
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 11 27
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) McCleansborro, Ill.

FATHER 13. NAME Robert E. Lynn

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

MOTHER 15. MAIDEN NAME Sarah Farris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White County, Ill.

17. INFORMANT (ADDRESS) Lula Heard
McCleansborro, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE P'ville Cemetery DATE Jan. 4, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. L. Payne

20. FILED Jan 9 - 1939 May W. Cook Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 27, 1938 to Jan 2, 1939

I last saw him alive on Jan 11, 1939, 1939. Death is said to have occurred on the date stated above, at 3:25 p.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease Date of onset 1930?
Coronary Heart Failure 12-28-38

Other contributory causes of importance: Exhaustion, Degenerative Changes, Degene Burn Dec. 27, 1938

Name of operation none Date of _____
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 12-27, 1938
Where did injury occur? on his home Comman, White Co, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury As he could see from a store
Nature of injury Second Degree Burn of leg

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Raymond C. Lunsford, M. D.
(Address) Madisonville, Mo.

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 with the above constitutes grounds for revocation of license.)

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