

REC'D FEB 25 1939

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

3416
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 662
(b) Township Salmon Primary Registration District No. 5760 Registered No. 2
(c) City _____ (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

524 Alfred Sandlin Jr.
(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 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 5 1939

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
10

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) Greene Co Mo

FATHER
13. NAME Felix Sandlin

14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Greene Co Mo

MOTHER
15. MAIDEN NAME Bertha Stricklin

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Greene Co Mo

17. INFORMANT Felix Sandlin (ADDRESS) Cross-town Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross-town DATE Jan 16 1939

19. FUNERAL DIRECTOR (NAME) Walter T. Lewis (ADDRESS) Perryville Mo

20. FILED 1-16 1939 J. D. DeLoe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1939

22. I HEREBY CERTIFY That I attended deceased from Jan 15 1939 to Jan 15 1939
last saw him alive on Jan 15 1939. Death is said to have occurred on the date stated above, at 6:30 P. M.
The principal cause of death and related causes of importance were as follows:

Broncho pneumonia
Date of onset Jan 13, 1939

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? Abneil Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ 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) Jerome J. Fredall, M. D.
(Address) Perryville 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.

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.