

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

3725
 Do not use this space.

REC'D FEB 27 1939

1. PLACE OF DEATH

(a) County FRANCOIS Registration District No. 33
 (b) Township RANDOLPH Primary Registration District No. 6024B
 (c) City LEADWOOD (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

253 WILLARD MCINTYRE
 (a) Residence, No. LEADWOOD St. (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 MARRIED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF EDITH MCIN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 1901
 7. AGE YEARS 37 MONTHS 8 DAYS 5 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MINER
 9. Industry or business in which work was done, as saw mill, bank, etc. ST JOSEPH LEAD
 10. Date deceased last worked at this occupation (month and year) Jan 1939 Total time (years) spent in this occupation 12 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

FATHER 13. NAME WILLIAM

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

MOTHER 15. MAIDEN NAME CORA FOYSHEE

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

17. INFORMANT CORA MCINTYRE
 (ADDRESS) 6812 BLEECH AVE ST LOUIS MO

18. BURIAL, CREMATION, OR REMOVAL PLACE WHALEY CEMETERY DATE Jan. 15 1938

19. FUNERAL DIRECTOR J. S. BOYER & SON
 (ADDRESS) LEADWOOD MO

20. FILED 1-15-39 W E Decker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1939

22. I HEREBY CERTIFY, that I attended deceased from Jan 3 1939, to Jan 12 1939
 I first saw him alive on Jan 12 1939 Death is said to have occurred on the date stated above, at 5:54 p.m.
 The principal cause of death and related causes of importance were as follows:

Lobar-pneumonia Date of onset 1/3/39
Common Cold

Other contributory causes of importance: _____

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 _____, 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) John W. Hunt, M. D.
Leadwood 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.

APR 23 1953

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. 3445

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.)