

REC FEB 28 1939

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

4284

Do not use this space.

1. PLACE OF DEATH

(a) County WRIGHT
(b) Township CLARK
(c) City Norwood
(e) Length of residence in city or town where death occurred

Registration District No. 1122
Primary Registration District No. 6226

Registered No.

(d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

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

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 McLvin G. BARTLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 5 1886

7. AGE YEARS 52 MONTHS 8 DAYS 20 If LESS than 1 day, ... hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) WRIGHT Co (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME WILLIAM CALHOUN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME MARTHA MOODY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) McLvin G. Bartley
Norwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Retherford Cem. DATE Dec 26 1938

19. FUNERAL DIRECTOR (ADDRESS) Ella J. Bouldin
Norwood Mo

20. FILED 2-8 1939 Roy A. Burnett
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 25 1938

22. I HEREBY CERTIFY, That I attended deceased from 12-1 1938 to Dec 25 1938

I last saw him alive on Dec 25 1938 Death is said to have occurred on the date stated above, at 20 m.

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

Myocardial Insufficiency Date of onset

Other contributory causes of importance: 92 W
Rheumatism

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?
If so, specify
(Signed) [Signature] M. D.
(Address) [Address]

RECEIVED

District Health Officer No. 6,

District File Number 6-39-261

Date Filed FEB 16 1939

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.)