

1939 MAR 15

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

5883  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 79  
 (b) Township Bourbon Primary Registration District No. 4047  
 (c) City Sturgeon (d) Street No. \_\_\_\_\_  
 (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 563 FRANCIS STREET  
 (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 M  
 4. COLOR OR RACE W  
 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) Dec. 17, 1849  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
89 2 14  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Prof  
 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) Linn Co. Mo.  
 13. NAME Wm. B. Street  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know  
 15. MAIDEN NAME Rebecca Purdin  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co. Mo.  
 17. INFORMANT (ADDRESS) Mrs. Nina Hulman Sturgeon, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Pisgah DATE Mar. 3, 1939  
 19. FUNERAL DIRECTOR (ADDRESS) Barnes & Boothe Sturgeon, Mo.  
 20. FILED Mar. 3, 1939 A. Boothe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1939  
 22. I HEREBY CERTIFY That I attended deceased from July 1, 1939 to Mar 1, 1939  
 I last saw him alive on July 2, 1939 Death is said to have occurred on the date stated above, at 3 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset 7/21/39  
107 W  
 contributory causes of importance;  
Acute malaria  
 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) A. R. M. Hulman, M. D.  
 (Address) Sturgeon, 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, ....., 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.)**