

REC'D MAR 8 1939

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

6825

Do not use this space.

## 1. PLACE OF DEATH

(a) County Jasper Registration District No. 411  
 (b) Township Pattona Primary Registration District No. 2002 Registered No. \_\_\_\_\_  
 (c) City Joplin (d) Street No. 1806 Hill 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

Charles A. Ailey  
 (a) Residence, No. 1806 Hill St. 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16, 1878

7. AGE YEARS 60 MONTHS 7 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Transportation  
 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) Kentucky

FATHER 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 20

MOTHER 15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 20

17. INFORMANT Mrs. Ollie Ailey  
 (ADDRESS) 1806 Hill

18. BURIAL, CREMATION, OR REMOVAL

PLACE Fairview Cem. DATE Feb. 21, 1939

19. FUNERAL DIRECTOR (NAME) Thornhill-Dillon  
 (ADDRESS) Joplin, Mo.

20. FILED 2-20-39 Ed. D. James Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to Feb 18, 1939

I last saw him alive on Feb 18, 1939 Death is said to have occurred on the date stated above, at 8:45 A.M.

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

Cerebral Hemorrhage Date of onset 2/16/39

Other contributory causes of importance:

Chr. Myocarditis 1900

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis Physical 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) Merwin H. Balch, M. D.

312 (Address) Wisco Bldg.

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, .....

*David Dillon*

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

*David Dillon*

Licensed Embalmer No. *3898*

P. O. Address.....

*Joplin Mo.*

**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.**