

1939 MAR 16 1939

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

7210
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 5760
(b) Township Osage Primary Registration District No. 2
(c) City Piassumbea (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

Edward Henry Lurtaw
(a) Residence, No. Miller Co., Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/21, 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Stella Lurtaw Barnett

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Feb 21, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1875

I last saw him alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 11

Carcinoma of Sigmoid & metastasis.
Date of onset

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jan 1, 1939 11. Total time (years) spent in this occupation Life

Other contributory causes of importance: obstruction of bowel

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

13. NAME Joseph G. Lurtaw

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jersey County, Illinois

15. MAIDEN NAME Eucline Birdsong

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piassumbea, Mo.

17. INFORMANT (ADDRESS) Mrs. Roy Wickham Piassumbea, MO

18. BURIAL, CREMATION, OR REMOVAL Mr. Zion Cem. Piassumbea DATE 2/23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. O. Shelton, 499 Torma, Mo.

20. FILED 2-27, 1939 John J. Schreiterman Local Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) E. O. Shelton, M. D.

(Address) Elton, 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.

RECEIVED

Miller County Health Dept.

Case File Number 39-32

Date 3-16-39

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.