

REC'D MAR 17 1939

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

7233

Do not use this space.

1. PLACE OF DEATH

(a) County Monterey
(b) Township Mariposa
(c) City CaliforniaRegistration District No. 571Primary Registration District No. 4335

Registered No.

(d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

(a) Residence, No. 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25 - 18687. AGE YEARS 76 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired 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)
11. Total time (years) spent in this occupation12. BIRTHPLACE (CITY OR TOWN) Monterey Co Mo (STATE OR COUNTRY)FATHER 13. NAME William Duerham
14. BIRTHPLACE (CITY OR TOWN) Monterey Co Mo (STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Margaret Hines
16. BIRTHPLACE (CITY OR TOWN) Monterey Co Mo (STATE OR COUNTRY)17. INFORMANT Edgar Duerham (ADDRESS) California mo18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 2/28/3919. FUNERAL DIRECTOR (NAME) William & Fredmeyer (ADDRESS) California mo20. FILED 2-28 1939 W.R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 26 - 193922. I HEREBY CERTIFY, That I attended deceased from 2 - 17 - 1939 to 2 - 26 - 1939I last saw him alive on 2 - 26 - 1939. Death is saidto have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:Lobar Pneumonia Date of onset 2-19-39Other contributory causes of importance: 100Name of operation None Date of None
What test confirmed diagnosis? Culture Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury None, 1939
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury None
Nature of injury None24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None(Signed) W.R. Popejoy, M. D.
(Address) California mo

(Licensed Embalmer's Statement on Reverse Side)

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 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 Hugh E. McAllister
Licensed Embalmer No. 3537
P. O. Address California me

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.