

REC'D MAR 23 1939

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

8060  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Texas Registration District No. 18  
 (b) Township Morris Primary Registration District No. 6139 Registered No. 4  
 (c) City Carroll (d) Street No. \_\_\_\_\_ 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.  (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 16, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
82 11 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as saw mill, bank, etc. Bookkeeper  
 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) Washington Co. Va

FATHER 13. NAME Michael Caylor

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

MOTHER 15. MAIDEN NAME Mary Angle

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

17. INFORMANT (ADDRESS) Carroll Wood Carroll Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wood Cemetery DATE Feb 3, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. Caylor White Carroll Mo

20. FILED 2-4-39 Pearl E. McCall Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 1937, to Feb 3, 1939

I last saw him alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 1209 a. m.

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

Paralysis  
Cerebral Hemorrhage

Date of onset

Other contributory causes of importance: § 2 M

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) P. D. Hubbard M. D.

(Address) Carroll Mo

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**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 conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**