DEC'D APR 13 1939

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

9871
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew 2 Registration District No. 8
(b) Township ~~Lincoln~~ 1 Primary Registration District No. 4005 Registered No.
(c) City Amazonia (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 LeRoy Proctor
(a) Residence, No. Amazonia Mo. 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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) ------
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 1939
7. AGE YEARS ----- MONTHS --- DAYS -- If LESS than 1 day, 4 hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ---
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) Amazonia Mo.

FATHER
13. NAME Roy Proctor
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo.

MOTHER
15. MAIDEN NAME Freda ~~WE~~--WeRerson Willis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ill.

17. INFORMANT (ADDRESS) Roy Proctor Amazonia Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Amazonia DATE March 12 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) E. C. Breit Savannah Mo.
20. FILED 3-12 1939 J. W. Holcomb Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9/15A.m
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Premature Birth | |

Other contributory causes of importance:

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) Gilbert B. Kelley M. D.
(Address) Savannah 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.

X14028

RECEIVED
District Health Officer No. 17
District File Number 39-271
Date Filed APR 10 1939

## 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.**