REC'D APR 15 1939

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

11008
Do not use this space.

1. PLACE OF DEATH
(a) County Howell
(b) Township "
(c) City Westplains
(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. 1 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 384
Primary Registration District No. 4227
Registered No. .....

2. PRINT FULL NAME James Ted Fairley
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 3 1939
7. AGE: YEARS | MONTHS: 1 | DAYS: 11 | If LESS than 1 day, ... 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): West Plains Mo

FATHER
13. NAME: Ted James Fairley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Plains Mo

MOTHER
15. MAIDEN NAME: Pansy May Bradwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bakersfield Mo

17. INFORMANT (ADDRESS): Ted Fairley West Plains Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oaklawn DATE: 2/14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Robertson's Mortuary West Plains Mo
20. FILED: 2-14 1939 Vida W Simons, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 14th 1939
22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1939, to Feb 13, 1939
I last saw him alive on Feb 13, 1939 Death is said to have occurred on the date stated above, at 1:10 A m.
The principal cause of death and related causes of importance were as follows:
Premoturity
Date of onset
159
Other contributory causes of importance:
Atelectasis
Name of operation ..... Date of .....
What test confirmed diagnosis? Exam 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? .....
If so, specify .....
(Signed) E. Royce Bohner, M. D.
(Address) West Plains, Mo

Licensed Embalmer's Statement on Reverse Side Dr Bohner

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30M-1-42-38 I X14028

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.