

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

11575
Do not use this space.

REC'D APR 19 1939

1. PLACE OF DEATH 2

(a) County Miller 1 Registration District No. 561

(b) Township FRANKLIN Primary Registration District No. 2756 Registered No. 18

(c) City Eldon (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 James W. Dinwiddie

(a) Residence, No. Eldon, 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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>11</u>	<u>3</u>	

OCCUPATION 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas |

FATHER 13. NAME John Dinwiddie |

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia |

MOTHER 15. MAIDEN NAME Mary Barnes |

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia |

17. INFORMANT (ADDRESS) Sarah Ann Dinwiddie
Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Mar. 10 1939

19. FUNERAL DIRECTOR (ADDRESS) Keith M. Kaye
Eldon

20. FILED 3-10 1939 Belle Haynes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1939

22. I HEREBY CERTIFY, That I attended deceased from 3 4 1939, to 3 8 1939

I last saw him alive on 3-8-1939 Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 3 7 39

Other contributory causes of importance:
Arteriosclerosis

Name of operation none Date of _____

What test confirmed diagnosis? Chinoid 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. S. Shelton M. D.
(Address) Eldon 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 Dep't.

County File Number. 39-41

Date Filed 4-12-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Not Embalmed
BN

Signed _____

Licensed Embalmer No. _____

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.)