

REC'D APR 15 1939

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

11820
Do not use this space.

1. PLACE OF DEATH

(a) County Pemisco Registration District No. 102-570
(b) Township W. 20 Primary Registration District No. 2850 Registered No. _____
(c) City Bragg City (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

(a) Residence, No. 330 John E. Hatwood 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 W 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) Mar 20 - 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 20 20
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) Mo 0
13. NAME James Hatwood 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 1
15. MAIDEN NAME Dream Lubbert
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Assy
17. INFORMANT (NAME) (ADDRESS) James Hatwood
Bragg City
18. BURIAL, CREMATION, OR REMOVAL PLACE Dunn DATE 2-10-1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. D. Denton
Kennett Mo.
20. FILED 4-9-1939 Mrs. T. R. Cole Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec. 1st 1938 to Feb 9th 1939
I last saw him alive on 2-9-1939 Death is said to have occurred on the date stated above, at 20 m.
The principal cause of death and related causes of importance were as follows:
Malnutrition 1/20 Date of onset
45 to 2 37
Other contributory causes of importance:
hypertrophied heart - 3 mos
Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury _____
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) L. D. Denton M. D.
Bragg City, Mo (Address)

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.....

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.