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.

APR 25 1939

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

Do not use this space.

1. PLACE OF DEATH
County Pike
Township Cuivre
City Bowling Green (No. ..... St. ..... Ward)

Registration District No. 684
Primary Registration District No. 4408

File No. 11918
Registered No. 8

2. FULL NAME Homer John Terrill

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs H. J. Terrill

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

7. AGE: YEARS 65 | MONTHS 3 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. of Axe Handle Factory
9. Industry or business in which work was done, as silk mill, 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) Keytesville Mo.

FATHER
13. NAME John Terrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo

MOTHER
15. MAIDEN NAME Loutitia Malloy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co. Mo

17. INFORMANT (ADDRESS) Mrs H. J. Terrill Bowling Green Mo

18. ~~BURIAL~~, CREMATION, ~~OR REMOVAL~~ PLACE Valhalla Cemetery, DATE Mar 18 1939 St Louis, Mo

19. UNDERTAKER (ADDRESS) Grace Banfhead Bowling Green Mo.

20. FILED 4-1-1939 D. Brummerkamp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....X...., 19...., to ....X...., 19.... I last saw h..... alive on ....X...., 19.... Death is said to have occurred on the date stated above, at ..... m.

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

Gun Shot Wound self inflicted

Date of onset

Other contributory causes of importance: 167

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? Suicide Date of injury 3/14, 1939
Where did injury occur? Bowling Green Mo Pike Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In Home
Manner of injury Gun Shot Wound
Nature of injury Fatal

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Porter Turpin Coroner, ~~M. D.~~
(Address) Bowling Green Mo.

RECEIVED
District Health Officer No. 10
District File Number 10-39-658
Date Filed APR 13 1939