

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.

RECD APR 21 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12510

Do not use this space.

1. PLACE OF DEATH 2

(a) County Shannon Registration District No. 823

(b) Township Winona Primary Registration District No. 6074

(c) City Winona (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 THOMAS BROWN BACKMAN

(a) Residence, No. WINONA MO St. Mo

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Backman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10-1857

7. AGE YEARS 82 MONTHS 28 DAYS 28 If LESS than 1 day, hrs. or min.

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. Retired

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) Jenns

13. NAME Douglas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Hahn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenns

17. INFORMANT (ADDRESS) J. C. Backman

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Creek DATE 4-9-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Cray - Leuchel

20. FILED 4-4-1939 Frank S. Lee M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-8-1939

22. I HEREBY CERTIFY, That I attended deceased from March 18 1939, to April 6 1939.

I last saw him alive on April 6 1939. Death is said to have occurred on the date stated above, at 2:10 PM.

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

Influenza & Pneumonia

Date of onset 3-18-39

Other contributory causes of importance: Complications of the nose

2 years

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? no

If so, specify _____ (Signed) W. P. Gandy, M. D.

(Address) Winona, Mo

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 April 8-19

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Bremen

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.