

LEAD MAY 1 8 1939

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

14641  
Do not use this space.

1. PLACE OF DEATH

(a) County Clay  
(b) Township Liberty  
(c) City Liberty

Registration District No. 201  
Primary Registration District No. 5280

Registered No. 39

(e) Length of residence in city or town where death occurred 1 yrs. 9 mos. 9 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Thomas Mewmow

(a) Residence, No. Liberty I.O.O.F. Home 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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widower</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 21, 1859</b>			
7. AGE YEARS <b>79</b>	MONTHS <b>11</b>	DAYS <b>2</b>	IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Retired Miner</b>			
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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1938 to April 23, 1939  
I last saw him alive on April 22, 1939 Death is said to have occurred on the date stated above, at 4 a.m.  
The principal cause of death and related causes of importance were as follows:  
Serility

Date of onset

Other contributory causes of importance: 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron Co. Mo.

FATHER 13. NAME Robert Mewmow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

MOTHER 15. MAIDEN NAME Mary Ailsman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Va.

17. INFORMANT Paul Rogers (ADDRESS) I.O.O.F. Home Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bonns View DATE MO 4 24, 1939

19. FUNERAL DIRECTOR Hersel Carter (ADDRESS) Liberty Mo

20. FILED 24, 1939 E T Brent Local Registrar.

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) J. H. Williams M.D. (Address) Liberty Mo

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.

I X12004

RECEIVED  
District Health Officer No. 8,  
District File Number  
0/2/39

**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.

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.)**