

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

15335  
 Do not use this space.

REC'D MAY 22 1939

3

**1. PLACE OF DEATH**

(a) County Lawrence Registration District No. 470  
 (b) Township North Union Primary Registration District No. 5-633 Registered No. 52  
 (c) City North Union (d) Street No. Mo. State Lane 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 0 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 9314 Kentucky Ave St.  Kansas City 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-12-1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	32	6	17	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. taxi driver  
 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) 7-9-38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Excelsior Springs Mo.

FATHER 13. NAME Newton Mayabb

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

MOTHER 15. MAIDEN NAME Mollie Cook

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

17. INFORMANT (ADDRESS) C. Mc Michael Record Clerk Mo State San McVernon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. SS Cemetery DATE April 19, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pollock Funeral Home Mt Vernon Mo.

20. FILED 4-9-39 P. A. Holmes Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1939

22. I HEREBY CERTIFY, That I attended deceased from 9-3-38, 1938, to 4-9-1939, 1939  
 I last saw him alive on 4-9-1939, 1939. Death is said to have occurred on the date stated above, at 240 P. m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis Date of onset 1936  
 Other contributory causes of importance: 72  
 Name of operation None Date of           
 What test confirmed diagnosis? Sputum Was there an autopsy? Yes

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) P. A. Holmes, M. D.  
 (Address) Mo. State San McVernon

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

District Health Officer No. 6,

District File Number 6-5-39-986

Date Filed MAY 9 1939

**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.**