

1939 MAY 16

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

16314

Do not use this space.

1. PLACE OF DEATH

(a) County **Stoddard**
(b) Township **Richland**
(c) City **Gray Ridge, Mo.**

Registration District No. **839**
Primary Registration District No. **6101**

Registered No. **17**

(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. **Thomas D. Julian**
Gray Ridge, Mo. 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 **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 25, 1855**

7. AGE YEARS **74** MONTHS **1** DAYS **19** If LESS than 1 day, hrs. or min.

OCCUPATION 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 Farmer** 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) **Warick Co, Ind.**

FATHER 13. NAME **Unknown,**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **John Julian**
(ADDRESS) **Gray Ridge, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **# 3mi. S.W** DATE **April, 16, 39**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Arden Ellise**
Sikeston, Mo.

20. FILED **5-1** 19**39** **J.P. Brandon**
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April, 14** 19**39**

22. I HEREBY CERTIFY, That deceased from **Heart** to **March 14, 1939**
I last saw him alive on **March 15, 1939** Death is said to have occurred on the date stated above, at **12:01 p**
The principal cause of death and related causes of importance were as follows:

Isuronic
Intermittent Hypertension

Other contributory causes of importance: **121**

Name of operation Date of **121**
What test confirmed diagnosis? Was there an autopsy? **No**

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) **John W. Wilson** M. D.
Bloomfield, 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

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

Signed Charles Ellis

Licensed Embalmer No. 3869

P. O. Address Wheaton

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.