

1939 MAY 24

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

16373

Do not use this space.

1. PLACE OF DEATH

(a) County Lernou Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 115
 (c) City or Nevada (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1025 So. Clay St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 8 10 9

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farming
 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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

13. NAME Ambrose Thomas

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

15. MAIDEN NAME Jessie Lester

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

17. INFORMANT Ruth A. Maddox
 (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Moore's Cem. DATE Apr. 17 1939

19. FUNERAL DIRECTOR (NAME) Hayes Funeral Home
 (ADDRESS) Nevada Mo.

20. FILED 4-15 1939 Allen Hayes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1939

22. I HEREBY CERTIFY That I attended deceased from Jan-10 1939 to April 15 1939
 I last saw him alive on April 10 1939. Death is said to have occurred on the date stated above, at 9:30 m.
 The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset
1-10
1939

Other contributory causes of importance:
Advanced Age

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) J. H. Love, M. D.
Nevada, Mo.

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.

Love

RECEIVED
District Health Officer No. 7
District File Number 7-38-7
Date Filed 5-8-39

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

Signed Allen D. Hays
Licensed Embalmer No. 1968
P.O. Address Nevada Mo

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.