

JUN 20 1939

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

18363
Do not use this space.

1. PLACE OF DEATH

(a) County Clark Registration District No. 190

(b) Township Kahoka Primary Registration District No. 1113

(c) City Kahoka (d) Street No. _____ St.

(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.

340
2. PRINT FULL NAME Elizabeth Bird Cattle

(a) Residence, No. Kahoka Mo St. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>13</u>	

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. Farming

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) Mo.

FATHER

13. NAME John W. Cattle

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

MOTHER

15. MAIDEN NAME Mary Russell

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

17. INFORMANT (ADDRESS) Mrs. Lula Cattle, Kahoka Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kahoka Mo. DATE May 15 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Julius J. Ford, Kahoka Mo.

20. FILED May 15 1939 J. R. Bridges, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1939

22. I HEREBY CERTIFY That I attended deceased from Apr. 17 1939 to May 13 1939

I last saw him alive on May 10 1939. Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Chronic Pulmonary Tuberculosis

Date of onset _____

Other contributory causes of importance: 72

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 in any way related to occupation of deceased? _____

If so, specify _____ (Signed) J. R. Bridges M. D.

(Address) Kahoka 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1087

Date Filed 6-13-39

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.....

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

Signed Arva White Sutton

Licensed Embalmer No. 3526

P. O. Address Kahala 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.