

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

Do not use this space.

REC'D JUN 13 1939

18422

1. PLACE OF DEATH

County Clinton
 Township Lefayeth
 City (No.)

Registration District No. 210
 Primary Registration District No. 5289

File No. 6
 Registered No. 4
 St. Ward)

2. FULL NAME

(a) Residence, No. St., Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1939

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

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1939, to May 29, 1939
 I last saw him alive on May 29, 1939 Death is said to have occurred on the date stated above, at 1 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-19-1882

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 2 10

Acute Myocarditis
 Date of onset May 20, 1939
116

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Preacher
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Other contributory causes of importance:
Influenza Oct 1938
Empyema April 1939

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

Name of operation Aut-vection Date of April 1939

13. NAME Benjamin House

What test confirmed diagnosis? Was there an autopsy? No.

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

15. MAIDEN NAME Adelia Ashworth

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

17. INFORMANT Mrs E. J. Hayes
 (ADDRESS) Lower Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mr Love DATE May 31 1939

19. UNDERTAKER F. G. Lyon
 (ADDRESS) Stamerville Mo.

20. FILED May 31 1939 J. A. Kay Registrar.

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. M. Austin M. D. U.
Shewartsville Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, F. G. Lyon, Licensed Embalmer No. 952
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by F. G. Lyon
or by _____, Registered Apprentice No. _____

(Signed) _____

Licensed Embalmer No. _____

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(Failure to comply with the above regulation constitutes grounds for revocation of license.)

RECEIVED

District Health Officer No. 11;
District File Number 39-648
Date Filed JUN 8 1939