

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18720  
Do not use this space.

JUN 13 1939

1. PLACE OF DEATH

(a) County Barren Registration District No. 334  
 (b) Township Barren Primary Registration District No. 4197  
 (c) City Barren (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 300 Elmer W. Read

(a) Residence, No. \_\_\_\_\_ 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 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 Ora Read

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hr. or \_\_\_\_\_ min.  
66 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) Missouri

FATHER 13. NAME Frank Read

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

MOTHER 15. MAIDEN NAME Mary Coffey

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

17. INFORMANT (ADDRESS) Paul Read

18. BURIAL, CREMATION, OR REMOVAL PLACE Coffey, Mo. DATE 5-21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. S. Gramer  
1 Pattonburg Mo.

20. FILED 5-20-35 A. L. Weidner  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-3, 1939, to 5-18, 1939

I last saw him alive on 5-18, 1939. Death is said to have occurred on the date stated above, at 5:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis + Myocardial degeneration

Date of onset 1930

Other contributory causes of importance: Chronic Bronchitis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? none 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. H. Boyles, M. D.

(Address) Barren, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

I X16603

RECEIVED

District Health Officer No. 11;

District File Number

Date Filed

39-845  
JUN 7

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, ~~only~~.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ed Gromer*

Licensed Embalmer No.....

2857

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.