

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.

JUN 14 1939

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

19383
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon
(b) Township Mohave
(c) City

Registration District No. 1148
Primary Registration District No. 5849

Registered No. 2

(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. 325 John Thomas Datson 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 6, 1939

5A. IF MARRIED, WIDOWED, OR SUCCESSOR HUSBAND OF (OR) WIFE OF Martha White Datson

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1939, to April 6, 1939. I last saw him alive on April 4, 1939. Death is said to have occurred on the date stated above, at.....m.

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

7. AGE YEARS 77 MONTHS DAYS If LESS than 1 day,hrs. ormin.

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

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

Bright's Disease Date of onset 1 yrs.
131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frankford Ind

Other contributory causes of importance: Filari

FATHER 13. NAME William Datson

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

Name of operation..... Date of.....
What test confirmed diagnosis? Fehling Was there an autopsy? no

MOTHER 15. MAIDEN NAME Lerisia King

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT (ADDRESS) Martha White Datson

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Myra DATE April 7, 1939

Manner of injury.....
Nature of injury.....

19. FUNERAL DIRECTOR (ADDRESS) Thomey Warren
Alton Ind

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify..... (Signed) A. P. Forest, M. D.

20. FILED June 3, 1939 Mrs. A. D. Roberts Local Registrar.

(Signed) Alton Address Alton Mo

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____. L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)