

REC'D JUN 24 1939

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

20015  
Do not use this space.

1. PLACE OF DEATH *Texas* <sup>2</sup>  
 (a) County *Texas* Registration District No. *863*  
 (b) Township *Piney* Primary Registration District No. *6137*  
 (c) City *Abbeville* (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME *367 Louis Mothershead*  
 (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 *M-* 4. COLOR OR RACE *W-* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ellen Mothershead*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr - 12 - 1862*  
 7. AGE YEARS *77* MONTHS *1* DAYS *8* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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 *0*  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Cos. Mo.*  
 13. NAME *John Mothershead*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Cos Mo.*  
 15. MAIDEN NAME *Patsy Murrell*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Jefferson Cos Mo.*  
 17. INFORMANT (ADDRESS) *Edgar J. Mothershead*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Lyone Mo* DATE *May 22, 1939*  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *G. V. Elliott*  
*Heavston, Mo*  
 20. FILED *May 22, 1939* *Mabel Shacklett*  
*Local Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 20, 1939*  
 22. I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1938* to *May 20, 1939*  
 I last saw him alive on *May 19, 1939*. Death is said to have occurred on the date stated above, at *7:30 p.m.*  
 The principal cause of death and related causes of importance were as follows:  
*Uremia*  
*Cardio-renal-vascular*  
*Disease & Hypertension*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
*Senile psychosis*  
 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 or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) *L. G. Bellina*, M. D.  
 (Address) *Abbeville, 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.

504-1-38 I X14023

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**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.....

Licensed Embalmer No.....

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.**