

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

20102
 Do not use this space.

1939 JUN 24 1939

1. PLACE OF DEATH

(a) County Wright Registration District No. 906
 (b) Township Ashtabula Primary Registration District No. 6221
 or Hartsville
 (c) City Hartsville (d) Street No. R 710 1 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

(a) Residence, No. 520 Lillie Young Hartsville 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 <u>7</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Young</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 23, 1873</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>1</u>
	DAYS <u>28</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>	
	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) <u>Mo</u>	0	
FATHER	13. NAME <u>John Huggan</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Connolly</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>William Young Hartsville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hill</u> DATE <u>May 22 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Gene E. Haldeman Hartsville Mo</u>		
20. FILED <u>June 9, 1939</u> <u>Ella Clayton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from February 10 1939, to May 21 1939
 I last saw him alive on May 18 1939. Death is said to have occurred on the date stated above, at 11:35 A.M.
 The principal cause of death and related causes of importance were as follows:
Nephritis (Chronic Parenchymatous)
Hepatic State Pneumonia
Septicemia

Date of onset

Other contributory causes of importance: 121

Name of operation Wentglas Date of Mo
 What test confirmed diagnosis? Wentglas Was there an autopsy? Mo

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. C. Northrup, M.D.
Hartsville 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 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

Gene E. Holden

Licensed Embalmer No. *3865*

P. O. Address *Hartsville, Md*

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.