

JUL 14 1939

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

21793
Do not use this space.

1. PLACE OF DEATH
 (a) County Carter ² Registration District No. 143
 (b) Township Carter ¹ Primary Registration District No. 5-205
 (c) City VAN BUREN (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 L. C. Lyde M. Christine
 (a) Residence, No. VAN BUREN Mo 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 7 - 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>69</u>	<u>6</u>	<u>19</u>	

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26-1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1939, to June 26, 1939
 I last saw him alive on June 25, 1939. Death is said to have occurred on the date stated above, at 5:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Chronic myocarditis
& myocardial degeneration
Asthma

Other contributory causes of importance: 31

12. BIRTHPLACE (CITY OR TOWN) Sedalia Mo
 (STATE OR COUNTRY)

FATHER
 13. NAME Theodore Christine
 14. BIRTHPLACE (CITY OR TOWN) PA.
 (STATE OR COUNTRY)

MOTHER
 15. MAIDEN NAME Mary Mitman
 16. BIRTHPLACE (CITY OR TOWN) PA.
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Fred Breaker
Van Buren Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE June 27 1939 DAY Van Buren Mo

19. FUNERAL DIRECTOR (NAME) Wm. Tench
 (ADDRESS) Van Buren Mo

20. FILED 6-27-1939

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) J. M. Cotton, M. D.
 (Address) Van Buren

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.

X18693

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 6-26-39

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Philip A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Von Buren M

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.