

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

21901
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
 (b) Township or City Jefferson City, Mo. Primary Registration District No. 3014 Registered No. 141
 (c) Street No. St. Mark's Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) 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. Guy Le Roy Light 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>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1938</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>8</u>	<u>27</u>
IF LESS than 1 day, hrs. or min.		
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.	
	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>Marion</u>	
FATHER	13. NAME <u>Leslie Light</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
MOTHER	15. MAIDEN NAME <u>Hattie Dearison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pepp Co.</u>	
17. INFORMANT (ADDRESS) <u>Leslie Light, Marion, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Marion, Mo.</u> DATE <u>6/6</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hope Gordon, Jefferson City, Mo.</u>		
20. FILED <u>6/7/1939</u> <u>Hubert M. Pilo</u> Legal Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 15 1939 to June 5 1939
 I last saw him alive on 5 pm June 5 1939 Death is said to have occurred on the date stated above, at 8:50 p.m.
 The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of onset 6/1/39
Pyogenic Infection 5/1-39
 Other contributory causes of importance: measles 10/1-39
10/1-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? Serology 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) Paul Broun Treason M. D.
 (Address) Jefferson City, Mo.

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.

THIS IS A PERMANENT RECORD

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.