

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

21958
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 254
 (b) Township Pattonsburg Primary Registration District No. 4154
 (c) City Pattonsburg (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

635 William R. Markham
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</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>Nannie Markham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 18, 1863</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>8</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
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. <u>Farmer</u>		
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>Arkansas</u>		
13. NAME <u>Holly Markham</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
15. MAIDEN NAME <u>Sarah Perky</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>		
17. INFORMANT (ADDRESS) <u>Mrs. W.R. Markham Jameson, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coffey, Mo.</u> DATE <u>May, 1, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>G.S. Gromer 231 Pattonburg, Mo.</u>		
20. FILED <u>4-30</u> 19 <u>39</u> <u>Francis C. Sutton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 4 P.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset _____

Other contributory causes of importance:
g24

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. Frank Ledgers M. D.
 (Address) Pattonsburg

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.

1 X10605

RECEIVED

District Health Officer No. 11,

District File Number 729-755-

Date Filed JUL-6-1939

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, of

....., Registered Apprentice No.

working under my personal supervision.

Signed G. L. Gomer

Licensed Embalmer No. 2857

P. O. Address Pattonburg Mo

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.