

MISSOURI STATE BOARD OF HEALTH

REC'D JUL 6 1939 3

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22531
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Mt. Vernon Primary Registration District No. 5-633
 (c) City Mt. Vernon, Mo (d) Street No. Missouri State Sanatorium 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 Norman W. Headd

(a) Residence, No. 206 E. Pine St. Butler, 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 Male	4. COLOR OR RACE Black	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Essie Headd		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1900		
7. AGE	YEARS	MONTHS
	39	4
		DAYS
		29
		If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	Laborer
	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)	July 1938
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Clinton Missouri	
FATHER	13. NAME	William Headd
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Clinton Missouri
MOTHER	15. MAIDEN NAME	Augusta Porter
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Columbia Missouri
17. INFORMANT (ADDRESS)	E. McMichael, Record Clerk Missouri State Sanatorium	
18. BURIAL, CREMATION, OR REMOVAL PLACE	Butler, Mo	DATE June 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS)	Rosett Russell Moore Mt. Vernon, Mo	
20. FILED	June 17, 1939 A. Holmes Local Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16, 1939** ~~xx~~

22. I HEREBY CERTIFY, That I attended deceased from **Feb. 19**, 189, to **June 16, 1939** ~~xx~~.
 I last saw him alive on **June 16**, 1939. Death is said to have occurred on the date stated above, **4:15p** m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis
 Other contributory causes of importance: **J3**

Date of onset	July 1938
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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) **C. E. Kellweg**, M. D.
 (Address) **Mt. Vernon, 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.

RECEIVED FILED IN DISTRICT OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 11/19/58

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.