

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

22610
Do not use this space.

1. PLACE OF DEATH

(a) County McDonald Registration District No. 1167
 (b) Township Center Primary Registration District No. 5670 Registered No. 22
 (c) City..... (d) Street No. Route 1, Washburn, Mo. 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. 453 Jerry Montgomery Wilmoth
McDonald County St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write complete city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 6 15

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. Farmer
 10. Date deceased last worked at this occupation (month and year) 7-3-39 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Ark

FATHER 13. NAME Robert Wilmoth
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Alabama

MOTHER 15. MAIDEN NAME Lillian Spelton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Myrtle Gray
R.F. 1 Washburn

18. BURIAL, CREMATION, OR REMOVAL PLACE Roller Cem. DATE 6/25/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Koon Funeral Home
Cassville, Mo.

20. FILED July 6 1939 Ada Collins
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, that I attended deceased from April 24, 1939, to June 23, 1939
 I last saw him alive on June 15, 1939. Death is said to have occurred on the date stated above, at 1:39 p.m.
 The principal cause of death and related causes of importance were as follows:

Initial Regurgitation
g.i.w.
 Date of onset April 24, 1939

Other contributory causes of importance: _____

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. R. Edmondson M. D.
Stella, 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, _____

Rufus J. Miller

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Rufus J. Miller

Licensed Embalmer No. _____

3794

P. O. Address _____

Cassville, 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.