

1939 JUL 24 1939

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

Dr. Killip
22794
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 607
(b) Township Portage Primary Registration District No. 5806
(c) City Patagonville, Mo. (d) Street No. 6 mi East 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. 650 Helen Josephine Barham 42
Patagonville, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
— 7 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
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) Patagonville Mo. 0

FATHER 13. NAME E. R. Barham 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho 0

MOTHER 15. MAIDEN NAME Indust Rose

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Idaho Mo.

17. INFORMANT (ADDRESS) E. R. Barham

18. BURIAL, CREMATION OR REMOVAL PLACE Patagonville, Mo. DATE July 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Arden Elise
Patagonville, Mo.

20. FILED 779 19 39 May W. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1939

22. I HEREBY CERTIFY that I attended deceased from July 4, 1939, to July 4, 1939
I last saw him alive on July 4, 1939. Death is said to have occurred on the date stated above, at 4:20 p. m.
The principal cause of death and related causes of importance were as follows:

Dysentery (Bacillary probably)
136
Date of onset 6-25-39

Other contributory causes of importance: malnutrition

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) John Killip, M. D.
Patagonville, Mo. (Address) 535

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

District Health Officer No. 2

District File Number 739-75

Date Filed 7-21

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.