

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.

REC'D JUL 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

23021

Do not use this space.

1. PLACE OF DEATH

(a) County Pulaski(b) Township Wheat(c) City Wheat(d) Street No. 724Primary Registration District No. 5955

Registered No. _____

(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. _____ St. ☐ (If nonresident, give city or town and State)

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Balard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 18797. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 7 178. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home help 9. Industry or business in which work was done, as saw mill, bank, etc. Carcinoma of sigmoid 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) New Bremen Mo13. NAME Sam R. Vincent14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York15. MAIDEN NAME Margaret J. Collier16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski Mo17. INFORMANT (ADDRESS) John Balard

18. BURIAL, CREMATION, OR REMOVAL

PLACE Luxemburg DATE June 2 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Martin J. Vincent20. FILED 6-6 1939 Mrs. D. W. Tollock Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 193922. I HEREBY CERTIFY, That I attended deceased from March 17 1939 to May 31 1939 I last saw him alive on Mar. 30 1939 Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid

Other contributory causes of importance: _____

Name of operation none Date of _____What test confirmed diagnosis? _____ Was there an autopsy? yes

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) _____, M. D.

_____ (Address) St. Louis Mo

RECEIVED

District Health Officer No. 10

District File Number 7-39-1153

Date Filed JUL 8 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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

H. Joan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton 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.