

JUL 11 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH23529  
Do not use this space.

Rev 7/40

## 1. PLACE OF DEATH

(a) County Wayne Registration District No. 890  
 (b) Township St. Francis Primary Registration District No. La. 188  
 (c) City or City (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

420 John Edward Black  
 (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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) _____ <u>Mary L. Palk</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-10-1859</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>0</u>
	DAYS <u>25</u>	IF LESS than 1 day, _____hra. or _____min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Wayne Co. Mo</u>		
FATHER	13. NAME <u>Samuel Black</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Co. Va.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jamison</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Augusta Co. Va.</u>	
17. INFORMANT (ADDRESS) <u>Rogers Black Patterson, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Patterson Cem.</u> DATE <u>June 7 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Yates Funeral Home Piedmont, Mo.</u>		
20. FILED <u>June-13 1939</u> <u>Mabel Beasley</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1939  
 22. I HEREBY CERTIFY That I attended deceased from June 2, 1939, to June 5, 1939  
 I last saw him alive on June 5, 1939. Death is said to have occurred on the day stated above, at 11 A m.  
 The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset 1/5/39

Other contributory causes of importance: ADW

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? NO  
 If so, specify \_\_\_\_\_  
 (Signed) O. A. Meyers, M. D.

(Address) Greenville, Mo.

**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 <sup>we</sup> by.....

*Yates Funeral Home*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*William Coder*

Licensed Embalmer No.....

*3723*

P. O. Address.....

*Ridmont, 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.**