

AUG 14 1939

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

25174

Do not use this space.

1. PLACE OF DEATH

(a) County Bartlesville Registration District No. 925
(b) Township Ash Hill Primary Registration District No. 5134e Registered No.
(c) City Franklin (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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

WILLIAM HEAD
(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Vida Head OR WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1897
7. AGE YEARS 62 MONTHS 5 DAYS If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Union Co. (STATE OR COUNTRY) Mo.

FATHER 13. NAME J. S. Head

14. BIRTHPLACE (CITY OR TOWN) Aberdene (STATE OR COUNTRY) Miss.

MOTHER 15. MAIDEN NAME Mary Woods

16. BIRTHPLACE (CITY OR TOWN) Edgefield (STATE OR COUNTRY) Carolina

17. INFORMANT (ADDRESS) Tom Head
Franklin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro DATE Aug 6 1939

19. FUNERAL DIRECTOR (NAME) Bussell (ADDRESS) Franklin, Mo.

20. FILED 19 Local Registrar. 912

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 at 1939, to 19

I last saw him alive on July 5 1939. Death is said to have occurred on the date stated above, at 9 a.m.

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

Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Colonic Myocarditis

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) M. D.

(Address)

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

25-174
Do not use this space.

1. PLACE OF DEATH
(a) County Butler Registration District No. 925-
(b) Township Ash Hill Primary Registration District No. 5134C Registered No.
(c) City (d) Street No.
(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 William Head
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1899

7. AGE YEARS 62 MONTHS 5 DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) Union Co. Illinois

13. NAME J. S. Head

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aberdeen Md.

15. MAIDEN NAME Mary Todd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

17. INFORMANT (ADDRESS) Tom Head Poplar Bluff Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Filer Cem DATE 8-6 1939

19. FUNERAL DIRECTOR (ADDRESS) Russell, Poplar Bluff Mo.

20. FILED Sept 1 1939 May Adams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5 1939

I HEREBY CERTIFY, That I attended deceased from June 1 1939 to July 5 1939.
I last saw him alive on July 5 1939. Death is said to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis Date of onset

Other contributory causes of importance:
Chronic myo Carditis

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) H. M. Herrickson M. D.
(Address) Poplar Bluff Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIAN'S should state every informant should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S should state every informant should be carefully supplied.

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