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.

AUG 16 1939

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

25197
Do not use this space.

1. PLACE OF DEATH
(a) County Caldwell — Registration District No. 96
(b) Township Gomer — Primary Registration District No. 5148 — Registered No. 13
(c) 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 John Pawsey
(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 (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Missouri Belle Pawsey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 20 1858
7. AGE: YEARS 81 — MONTHS 2 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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): Daviess Co. Mo.

FATHER
13. NAME: Joseph Pawsey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Nancy Stokes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Daviess Co. Missouri

17. INFORMANT (ADDRESS): Leola Pawsey Alborn Nuiteton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Highland DATE: July 17, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): G. R. Houghton Hamilton Mo
20. FILED: July 17, 1939 Mark Brown, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 6, 1938, to July 14, 1939
I last saw him alive on July 14, 1939. Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	July 12
117	

Other contributory causes of importance:

Gastric ulcer	2 years

Name of operation: Gastro-Enterostomy Date of: July 8 1939
What test confirmed diagnosis? None 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) L M Daley, M. D.
100 (Address) Hamilton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 839-1026
Date Filed AUG 10 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, G. R. Haughton, or by .....

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

Signed G. R. Haughton

Licensed Embalmer No. 3859

P. O. Address Hamilton Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.