

1939 AUG 2 1939

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

25215
Do not use this space.

1. PLACE OF DEATH
 (a) County Callaway 3 Registration District No. 104
 (b) Township Tullon 1 Primary Registration District No. 3208 Registered No. 203
 (c) City Tullon (d) Street No. State Hosp. #1 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 2 yrs. 9 mos. 8 ds. (f) How long in U.S., if of foreign birth? 11 yrs. mos. ds.

2. PRINT FULL NAME James William Bandy
 (a) Residence, No. Louisiana Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county of city)

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 Mary Cole

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 70 1 11

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 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) Bates County, Mo

FATHER
 13. NAME B. T. Bandy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
 15. MAIDEN NAME Melvina Thompson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) State Hosp #1 record Tullon

18. BURIAL, CREMATION, OR REMOVAL PLACE Kirksville Mo DATE July 20, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Leo Wallace Tullon, Mo

20. FILED July 20, 1939 R. T. Crew Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1939 to July 17, 1939
 I last saw him alive on July 15, 1939 Death is said to have occurred on the date stated above, at 7:00 AM.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
99
Psychosis

Other contributory causes of importance:
Psychosis

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) Geo. F. Wood M. D.
 (Address) State Hosp #1 Tullon

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.

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 Harold J. Christie
Licensed Embalmer No. 4002
P. O. Address Dulton, W.

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.