

30 AUG 16 1938

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 26279

Registration District No. 567

Primary Registration District No. 6763

Registrar's No. 56

1. PLACE OF DEATH: Mississippi(a) County Mississippi  
(b) City or town Rural, ST. James  
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)(d) Length of stay: In hospital or institution 6 months (Specify whether years, months or days)In this community 6 months3. (a) PRINT FULL NAME HERBERT LAWSON CORAM8. (b) If veteran, name war - 8. (c) Social Security No. 495-14-02434. Sex W 5. Color or race W 6. (a) Single, widowed, married, divorced Married(b) Name of husband or wife Wife Laura Frances Coram 6. (c) Age of husband or wife if alive 50 years7. Birth date of deceased Jan. 15 1884  
(Month) (Day) (Year)8. AGE: Years 55 Months 6 Days 5 If less than one day h min.9. Birthplace Macon, Co. Tenn.  
(City, town, or county) (State or foreign country)10. Usual occupation Farming11. Industry or business -12. Name Frank Coram13. Birthplace Macon, Co. Tenn.  
(City, town, or county) (State or foreign country)14. Maiden name Vanilla Adams15. Birthplace Tenn.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Catherine Coram(b) Address East Prairie, Mo.17. (a) (b) Date thereof July 23 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Portaville, Mo.18. (a) Signature of funeral director Frank N. Shelby(b) Address East Prairie, Mo.19. (a) July 24-39 (b) Miss M. Hoig  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Tenn (b) County Macon Co.(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. New Inquest  
(If rural, give location)(e) If foreign born, how long in U. S. A. ? 4 years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21  
year 1939 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above: "

Immediate cause of death Metabolic Insufficiency DurationDue to stopped bothDue to woolOther conditions 92h  
(Includes pregnancy within 3 months of death)Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (b) Means of injury \_\_\_\_\_

23. Signature Frank S. Vernon (M. D. or other) CoramAddress Charleston Mo Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 2

District File Number 839-1274

Date Filed 8-14

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

*Travis N. Shelby*

Licensed Embalmer No. 2726

P. O. Address East Prairie

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.