

AUG 9 1939

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

26321

Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
(b) Township Sweet Primary Registration District No. 4357
(c) City Morehouse or Street (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 520 Paul James Jr. Morehouse Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May-23-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc.
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) Morehouse (STATE OR COUNTRY) Mo.

FATHER 13. NAME Paul James

14. BIRTHPLACE (CITY OR TOWN) Morehouse (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Lily May Todd

16. BIRTHPLACE (CITY OR TOWN) Morehouse (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Paul James

18. BURIAL, CREMATION, OR REMOVAL PLACE Sikeston DATE May 24 1939

19. FUNERAL DIRECTOR (NAME) Hunter Abbitton (ADDRESS) Sikeston Mo.

20. FILED July 7 1939 Mrs. John Parish Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-23 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1939, to 6:15 P.M., 1939

I last saw him alive on May 23 1939 Death is said to have occurred on the date stated above, at 6:15 P.M.
The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Deformed pelvis?
fractured

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) J. P. Brandon, M. D.

536 (Address) Essay, 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 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.