

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

27024
Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 838

(b) Township Liberty Primary Registration District No. 6098B

(c) City Deerfield (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 Clarence Dew

(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21 - 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 11 6

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. _____

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) Deerfield Ark.

FATHER

13. NAME Clyde Dew

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

MOTHER

15. MAIDEN NAME May Harris

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

17. INFORMANT (ADDRESS) Clyde Dew Deerfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deerfield Mo DATE June 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Deerfield Mo

20. FILED 8/8 1939 Jennie Burton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4 - 1939, to June 27 - 1939, 19____

I last saw him alive on June 23 - 1939, 19____. Death is said to have occurred on the date stated above, at 5 P m.

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

Date of onset 6-1-39

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? C. Sh. 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) S. S. Harris, M. D.
Address Deerfield Mo

RECEIVED

District Health Officer No. 2,
District File No. 839-134
Date Recd. 8-10

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.