

REC'D SEP 19 1939

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

28435

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 4
(b) Township _____ Primary Registration District No. 3001 Registered No. 200
(c) City Kirksville (d) Street No. Trim-Smith Hospital 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

(a) Residence, No. _____ St. Missouri, Iowa
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-30-39 AM

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 2

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) Kirksville (STATE OR COUNTRY) Mo

FATHER 13. NAME Harold M. Biggs

14. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Virginia Louise Daniels

16. BIRTHPLACE (CITY OR TOWN) Adair County (STATE OR COUNTRY) Mo

17. INFORMANT H. M. Biggs (ADDRESS) Kirksville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pratt Cemt. DATE 8/22/39

19. FUNERAL DIRECTOR (NAME) Dee Riley (ADDRESS) Kirkville, Mo.

20. FILED Aug 22 1939 Spencer L. Freeman Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 8-20, 1939, to 8-22, 1939

I last saw him alive on 8-22, 1939. Death is said to have occurred on the date stated above, at 7 A. m.

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

Congenital atelectasis (Bilateral)

Date of onset 8-20-39

Other contributory causes of importance: None

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? None

If so, specify _____

(Signed) J. P. Kemp, M. D.

(Address) Pratt, Mo.

RECEIVED

District Health Officer No. 10

District File Number 9-39-1659

Date Filed SEP 12 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, 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.