

REC'D SEP 21 1939

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

29794

Do not use this space.

1. PLACE OF DEATH

(a) County Newton Registration District No. 609
(b) Township _____ Primary Registration District No. 4363 Registered No. 108
(c) City Neosho (d) Street No. Reynolds 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. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Stillborn (Premature Birth) Date of onset _____

Other contributory causes of importance: _____

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. Reynolds, M. D.(Address) Neosho Mo

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4, 19397. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
steekonOCCUPATION
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) Neosho, Mo (STATE OR COUNTRY) DFATHER
13. NAME John M Pratt I14. BIRTHPLACE (CITY OR TOWN) Fargo, Ohio (STATE OR COUNTRY) OMOTHER
15. MAIDEN NAME Ella May Galay16. BIRTHPLACE (CITY OR TOWN) Clearmont, Mo (STATE OR COUNTRY)17. INFORMANT John M Pratt (ADDRESS) Neosho, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE County Jefferson DATE 8-4 193919. FUNERAL DIRECTOR (NAME) Corley Thompson (ADDRESS) Neosho Mo20. FILED 9-5 1939 Walter A. Sal. Mill Local Registrar.

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 Gail K. Gay, Registered Apprentice No. 189 working under my personal supervision.

Signed Barey Thompson
Licensed Embalmer No. 3259
P. O. Address Neosho Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.