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

1850 OCT 19 1939

31705
Do not use this space.

1. PLACE OF DEATH
(a) County Adair
(b) Township
(c) City Kirksville
Registration District No. 4
Primary Registration District No. 3001
Registered No. 226
(d) Street No. County 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. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Singleton, James E.
(a) Residence, No. St.
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daney Oliver
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1863
7. AGE: Years 76 Months 1 Days 3 If LESS than 1 day, ...hrs. or ....min.

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. Farmer
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 COUNTY) Schuyler Co. Mo

FATHER
13. NAME James K. Singleton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Mo.

MOTHER
15. MAIDEN NAME Ida Cunk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)

17. INFORMANT (ADDRESS) Mrs Mona Grosclose Downing Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Kirksville Mo DATE Sept 19 1939
19. FUNERAL DIRECTOR (NAME) Moore Funeral (ADDRESS) Lancaster, Mo.
20. FILED Sept. 18 1939 Spencer L. Freeman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 15 1939
22. I HEREBY CERTIFY, That I attended deceased from June 1939, to Sept 15 1939
I last saw h. ~~alive~~ alive on Sept 15 1939. Death is said to have occurred on the date stated above, at 9:45 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Prostate	
51	

Other contributory causes of importance:
Infirmities of old age

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? No
If so, specify .....
(Signed) H. D. McClure, M. D.
(Address) Kirksville, Mo

Licensed Embalmer's Statement on Reverse Side)

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.

1-X14023

RECEIVED
District Health Officer No. 10
District File Number 10-39-1786
Date Filed OCT 10 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, Trues Minnie Morehead, or by ....., Registered Apprentice No....., working under my personal supervision.

Signed Trues Minnie Morehead

Licensed Embalmer No. 3731-3680

P. O. Address Lancaster Mo.

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.