

REC'D OCT 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32074
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 124
 (b) Township 1 Primary Registration District No. 3099
 (c) City Portageville (d) Street No. 124 St.
 (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. Portageville Mo. (Usual place of abode, if no street address, write county or city) ☐ Portageville Mo. (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Portageville Mo.

13. NAME W.D. Allison

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

15. MAIDEN NAME Harvey Henson

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

17. INFORMANT (ADDRESS) W.D. Allison
Portageville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville Mo. DATE Sept 18 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. E. Hulse Funeral Home
Portageville Mo.

20. FILED 9-17-39 John L. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17 1939

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19..... Death is said

I last saw h..... alive on....., 19.....

to have occurred on the date stated above, at 2 a.m.

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

was the first death in the family. Cause of death was a heart attack. The deceased was a farmer. The cause of death was a heart attack. The deceased was a farmer. The cause of death was a heart attack. The deceased was a farmer.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Sept 17 1939

Where did injury occur? near Madrid, Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury head injuries

Nature of injury lacerations and skull fracture

24. Was disease or injury in any way related to occupation of deceased?

Also, specify.....

(Signed) E. R. Brinkley Coroner, M.D.

(Address) U.S. Pacific M. Co. St. Louis, 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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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Registered No. 322

1. PLACE OF DEATH

(a) County Cape G.

Registration District No. 125

(b) Township Cape G.

Primary Registration District No. 3009

(c) City Cape G.

(d) Street No. _____ St. _____

(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. 7. 7. 0. St. Allen
(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

4. COLOR OR RACE

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)

7. AGE

YEARS

MONTHS

DAYS

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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR
(ADDRESS)

20. FILED 11-2-34

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 17, 1957

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him 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:

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)

(Address)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE

S-32074