

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.

REC'D OCT 1 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

32722

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
(b) Township 1 Primary Registration District No. 4249
(c) City Festus (d) Street No. _____ 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

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 Catherine
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28, 1843
7. AGE YEARS 96 MONTHS 2 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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) Jefferson county MO

13. NAME Henry Bailey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 9

15. MAIDEN NAME Barbara Drybredd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs ELI AKINS
FESTUS, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lebanon Cemetery DATE 9-28 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fink Und Co.
Festus MO.

20. FILED Sept 30 1939 J. C. Rutledge Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1939

22. I HEREBY CERTIFY: That I attended deceased from Sept 16 1939, to Sept 26 1939
I last saw him alive on Sept 25 1939. Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:
Infirmities of age
Date of onset _____

Other contributory causes of importance: 162

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. J. Dammell M. D.
Address Crystal City, 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, _____

Eleana Porruce

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Eleana Porruce

Licensed Embalmer No. *3403*

P. O. Address *Justus M*

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.