

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33162

Do not use this space.

1. PLACE OF DEATH

(a) County Camiscat Registration District No. 114
 (b) Township Butler Primary Registration District No. 586
 (c) City _____ (d) Street No. _____
 (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. 1 mo. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME

(a) Residence, No. Portageville, Mo. R. F. D. #2 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aguilla Adair
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1866
 7. AGE YEARS 72 MONTHS 9 DAYS 5 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) Sept. 27, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Baldwin (STATE OR COUNTRY) Mississippi
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) Miss's (STATE OR COUNTRY) _____
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY) _____
 17. INFORMANT (ADDRESS) Ruben Adair
Portageville, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Portageville, Mo. 10-1 DATE 10-1 19. FUNERAL DIRECTOR (NAME) Wm. P. Poyner (ADDRESS) Portageville, Mo.
 20. FILED Oct. 2 1939 May W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1939
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 30, 1939 to Sept. 30, 1939
 I last saw him alive on Sept. 30, 1939. Death is said to have occurred on the date stated above, at 10:00 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Arteriosclerosis
Hypertension
 Other contributory causes of importance: _____
 Date of onset 9-30-39

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no
 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) John J. Killian, M. D.
 (Address) Portageville, Mo.

RECEIVED

District Health Officer No. 3,

District File Number 1039-58

Date Filed 10/5/39

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.