

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

39067
Do not use this space.

1. PLACE OF DEATH
 (a) County Wheeler Registration District No. 85
 (b) Township _____ Primary Registration District No. 1001
 (c) City St. Joseph (d) Street No. St. Joseph St. 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Freeman
 (a) Residence, No. Trenton St. Trenton Mo.
 (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 Etta Phillips Freeman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-25-1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>65</u>	<u>9</u>	<u>27</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer

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) Grundy Co. Mo.

13. NAME Joe Freeman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co. Mo.

15. MAIDEN NAME Nettie Brewer

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

17. INFORMANT St. Joseph Records

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Trenton Mo. DATE 11/25/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Lipson's Funeral Service
Trenton Mo.

20. FILED 11/24/39, 19 11 24 1939
H. J. McElhool
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22-1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to Nov 22, 1939
 I last saw him alive on 11-22, 1939 Death is said to have occurred on the date stated above, at 8:30 p.m.
 The principal cause of death and related causes of importance were as follows:

<u>Bronchopneumonia</u>	Date of onset <u>?</u>
<u>Psychosis - Hypochondriacal</u>	<u>?</u>
<u>Fracture of left femur</u>	<u>10-25-39</u>

Other contributory causes of importance:
Psychosis - Hypochondriacal
Fracture of left femur

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 Accident Date of injury 10/25/1939
 Where did injury occur? State Hosp. #2 St. Joseph Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Another patient fell against Freeman causing him to fall.
 Nature of injury fracture of femur

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) J. L. Hornell M. D.
 (Address) St. Joseph Mo.

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.

WHILE YOUNG, WITH UNFADING INTEREST THIS IS A PERMANENT RECORD

1 X 16-605

DEC 11 1939 3

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.....

Charles D. Gibson

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Charles D. Gibson

Licensed Embalmer No. *2109*

P. O. Address *Ilwaco, Ore*

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.