

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

39166  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Caldwell Registration District No. 96  
 (b) Township Hamilton Primary Registration District No. 4058  
 (c) City Hamilton (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 Harvey Dayton Surface  
 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Lucas  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1 1859  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 9 27

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. Retired 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 COUNTRY) Dayton, Ohio.

FATHER 13. NAME Isaac Surface

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

MOTHER 15. MAIDEN NAME Mary Vanote

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

17. INFORMANT Belle Surface  
 (ADDRESS) Hamilton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton, Mo. DATE Nov. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bram & Sons  
Hamilton, Mo. 100

20. FILED Nov 29 1939 Merle Brown  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 28 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1939, to Nov. 28 1939  
 I last saw him alive on Nov. 25 1939 Death is said to have occurred on the date stated above, at 9:10 P.M.  
 The principal cause of death and related causes of importance were as follows:

Broncho Pneumonia (Terminal Hypostatic) Date of onset 11/26/39  
 Other contributory causes of importance: General Paralysis 1074 1934  
Senile

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Phys + Lab Diagnosis 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) Herbert R. Booth M. D.  
 (Address) Hamilton 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.

PERMITS  
District No. 11  
District File No. 1239-1731  
Date Filed DEC 18 1939

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**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.**