

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

40722
 Do not use this space.

DEC 18 1939

3

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A Registered No. 184
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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 200 Michael Edward Dace

(a) Residence, No. Sullivan, Mo. 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 Sarah Ann Blanton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1861

7. AGE YEARS 78 MONTHS 1 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming
 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) Jefferson County (STATE OR COUNTRY) Missouri

FATHER 13. NAME Michael Edward Dace, Sr.

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

MOTHER 15. MAIDEN NAME Elizabeth Whitworth

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

17. INFORMANT (ADDRESS) Records of State Hospt. #4
Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sullivan, Mo. DATE 12-2 1939

19. FUNERAL DIRECTOR (NAME) Williams Funeral Home (ADDRESS) Sullivan, Mo.

20. FILED Nov 30, 1939 T. J. Robinson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-29, 1939, to 11-30, 1939

I last saw him alive on 11-29, 1939 Death is said to have occurred on the date stated above, at 1:38 a.m.

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

Senile psychosis (terminal exhaustion) 5 yrs
 A2C

Other contributory causes of importance:
Marked peripheral vascular disease - chronic myocardial

Name of operation None Date of no
 What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no
 Where did injury occur? home
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify no
 (Signed) G. T. Tavis Graves, M. D.
 (Address) Farmington, 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.

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 *J. J. Williams*

Licensed Embalmer No. *427*

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.