

Dr. Harms

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

43065  
Do not use this space.

JAN 15 1940

1. PLACE OF DEATH

(a) County Chariton 2 Registration District No. 175  
(b) Township \_\_\_\_\_ Primary Registration District No. 4104 Registered No. 49  
(c) City Salisbury, Mo (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. 0 How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME

15-0 Velva Lawrence Day  
(a) Residence, No. Salisbury, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13 1939  
22. I HEREBY CERTIFY, That I attended deceased from Dec 8 1939 to Dec 13 1939  
I last saw him alive on Dec 13 1939. Death is said to have occurred on the date stated above, at 9:30 P.M.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1880  
7. AGE YEARS 59 MONTHS 5 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Pneumo-pneumonia  
Septicemia  
11/11  
Other contributory causes of importance:  
Pneumonia  
?

OCCUPATION 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) Cairo, Mo

FATHER 13. NAME Elbert Day

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Lee Salisbury, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE 12-15-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) R. J. Guymon Moberly, Mo

20. FILED 12/14 1939 W. S. Lawrence Local Registrar

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Leishman 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) W. S. Lawrence, M. D.  
(Address) Salisbury, 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.

RECEIVED  
District Health Officer No. B,  
District File Number  
Date Filed 11/21/20

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

Signed Orval Robinson  
Licensed Embalmer No. 44101  
P. O. Address Highway 101

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.