

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

43519
Do not use this space.

1. PLACE OF DEATH

(a) County Howard, Registration District No. 378
 (b) Township _____ Primary Registration District No. 4222
 (c) City Fayette, (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(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 Black | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed. |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Arnold, | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/23rd 1871 | | |
| 7. AGE 68 YEARS | 9 MONTHS | 6 DAYS |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| 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) Missouri. | | |
| FATHER | 13. NAME Napolian Douglas, | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. | |
| MOTHER | 15. MAIDEN NAME Eliza Bosier, | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. | |
| 17. INFORMANT (ADDRESS) Robert Douglas, Fayette, Mo. | | |
| 18. BURIAL PLACE (CITY OR TOWN) (STATE OR COUNTRY) DATE City Cemetary 12/30th 1939 | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Guy T. Halley, Fayette, Mo. | | |
| 20. FILED Jan 5 1940 V. O. Bonham Local Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/29th 1939**, 19

22. I HEREBY CERTIFY, That I attended deceased from **10-10** **39** to **12-29**, 19**39**
 I last saw him alive on **12-29**, 19**39**. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Coronary occlusion
131
 Other contributory causes of importance:
Cardio-vascular Renal disease

Name of operation **None** Date of _____
 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? _____ 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) **Geo Bloomer**, M. D.
 (Address) **Fayette Mo**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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. 8
District File Number
1/11/40
Filed

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.