

JAN 12 1940

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

43546  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 388  
 (b) Township Missouri Primary Registration District No. 5542 Registered No. 10  
 (c) City Peace Valley, Mo. (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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

(a) Residence, No. \_\_\_\_\_ St.  \_\_\_\_\_  
 (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 - 1903  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
34 1 13

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. Farmer  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 - 1 - 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 10, 1939 to Nov 1, 1939  
 I last saw him... alive on October 3, 1939. Death is said to have occurred on the date stated above, at 10:30 m.  
 The principal cause of death and related causes of importance were as follows:

Typhoid fever Date of onset Oct 10

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 13. NAME G. Brown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 15. MAIDEN NAME Etta Weger  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT (ADDRESS) Mrs. G. Brown  
Peace Valley, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE East Creek DATE 11-3- 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robertson's  
West Plains, Mo.  
 20. FILED Dec 19, 1939 Miss Pearl Cook  
 Local Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? blood 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) J. M. Bingham M. D.  
 (Address) West Plains, Mo.  
Buy here

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.

**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.

RECEIVED

District Health Officer No. 5,

District File Number 140 24

Date Filed 110 40

Signed

*A. A. Robinson*

Licensed Embalmer No. 3432

P. O. Address West Plains, Mo.

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.