

FEB 12 1940
MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1850
Do not use this space.

1. PLACE OF DEATH 3

(a) County... Callaway Registration District No. 104

(b) Township... 6 Primary Registration District No. 3008 Registered No. 7

(c) City... Fulton, mo (d) Street No. State Hospital #1 St.

(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME CCO SAMPLE LOY

(a) Residence, No. New Madrid, 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 colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Sample In

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 15, 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	50	10	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. farmer

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) Louisiana ?

FATHER

13. NAME Alfance Jon ?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana ?

MOTHER

15. MAIDEN NAME Mary Jobsee

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

17. INFORMANT (ADDRESS) Day Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia mo. DATE Jan 9 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. O. Roberts
Columbia mo.

20. FILED Jan 9, 1940 R. N. Crews
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Aug 2 1939, to Jan 5 1940

I last saw him alive on Jan 5 1940. Death is said to have occurred on the date stated above, at 12:12 P.M.

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

Syphilitic Conclusive S. eizure Date of onset 1/5/40

34

Other contributory causes of importance:
psychosis with syphilitic meningitis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) John J. Black / , M. D.
106 (Address) Fulton, 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.....

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.