

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

10614
Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 267
 (b) Township Lincoln Primary Registration District No. 52.33 Registered No.
 (c) City Fair Play, Mo. or Mo. (d) Street No. 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. 0 St. 0 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Lula Tow.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 1 - 1940</u>		
7. AGE <u>88</u>	YEARS <u>5</u>	MONTHS <u>7</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		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 <u>all life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Mo.

FATHER 13. NAME Mitchell Tow

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

MOTHER 15. MAIDEN NAME Sarah Ann Stockton,

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) Ellis Bradley
Eureka, Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Bear Creek, Mo. DATE 2-10 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank W. Barker
Fair Play, Mo.

20. FILED March 4, 1940 B. A. Check
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8 1940

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw him alive on Jan. 1, 1940. Death is said to have occurred on the date stated above, at 2:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Cancer stomache

Date of onset

Other contributory causes of importance:

Name of operation Clinical Date of
 What test confirmed diagnosis? Clinical 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? At (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury At
 Nature of injury B

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) L. P. Hunt M. D.
Fair Play Mo (Address)

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. 7,

District File Number 4-40-549

Date Filed 4-8-40

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

Chas Jester

Registered Apprentice No. 191

working under my personal supervision.

Signed

William B. Erwin

Licensed Embalmer No. 3092

P. O. Address

Palmar 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 10614

Registration District No. 167

Primary Registration District No. 5233

Registrar's No.

1. PLACE OF DEATH:

(a) County Cedar
(b) City or town Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar
(c) City or town Fair Play Rural
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A. years.

3. (a) PRINT FULL NAME R. Pruben Frank Jow

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, divorced, wid

6. (b) Name of husband or wife. 6. (c) Age of husband, or wife, if alive, years

7. Birth date of deceased Sept 11 1851
(Month) (Day) (Year)

8. AGE: Years 88 Months 6 Days 7 If less than one day min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) March 4, 1940 (b) B. A. Cheek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8
year 1940 hour minute M.

21. I hereby certify that I attended the deceased from
to that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (e) Means of injury

23. Signature L. L. Hunt (M. D. or other)

Address Fair Play

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

SUPPLEMENTAL

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

S-10614