

1940

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

12755

Do not use this space.

1. PLACE OF DEATH

(a) County Washington Registration District No. 887-4538
 (b) Township Patoka Primary Registration District No. 6174
 (c) City Patoka Mo (d) Street No. 2 Registered 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. 657 Leslie Bronson St. Patoka Mo _____
 (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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul Bronson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16-1892</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>
	DAYS <u>3</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Miller</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Padon</u> <u>Merica County Mo</u>		
FATHER	13. NAME <u>Jeff Bronson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Parthenia Rodgers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Padon</u> <u>Merica County</u>	
17. INFORMANT (ADDRESS) <u>Miss Leslie Bronson</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stebble</u> DATE <u>Feb 15</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Joseph L. Thurman</u> <u>Stebble Mo</u>		
20. FILED <u>Mar 1</u> 19 <u>40</u> <u>Patoka</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13 1940

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1940, to Feb. 13 1940
 I last saw him alive on 2-13 1940 Death is said to have occurred on the date stated above, at 7:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
Coronary Thrombosis
 Date of onset _____

Other contributory causes of importance: 94B

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?
 If so, specify _____
 (Signed) Joseph L. Thurman M. D.
 (Address) Patoka, Mo

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

300-2-10-38 I X16005

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.....
Harry M. Jones..... Registered Apprentice No.....
working under my personal supervision.

Signed, *Harry M. Jones*
Licensed Embalmer No. *2628*

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.