

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

35175

Do not use this space.

1. PLACE OF DEATH

(a) County Davies Registration District No. 244
(b) Township Sheridan Primary Registration District No. 5345 Registered No.
(c) City (d) Street No.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOHN O. BRISTOW

(a) Residence, No. Davies Co. 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 <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>Mary Margaret McCreary</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 21, 1860</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>1</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation <u>Mar 16 1940</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davies Co. Mo.</u>		
13. NAME <u>Wm Miles Bristow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Mary Margaret Loyd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Oscar Bristow Hale, Mo.</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Hamilton</u> DATE <u>Mar 18, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Brown & Sons Hamilton, Mo.</u>		
20. FILED <u>6-15, 1940</u> <u>Wm J. Reich</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1940

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....
I last saw him alive on, 19..... 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:
Suicide Gun Shot wound self inflicted

Other contributory causes of importance: 167

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) J. Frank Hedgels M. D.
(Address) Hamilton, Mo.

Cornor. Hamilton Co

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.

RECORD THIS IS A PERMANENT RECORD

NOV 19 1940

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.