

FILE FEB 18 1941

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

4120
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Francois Registration District No. 773
 (b) Township _____ Primary Registration District No. 4464
 (c) City Farmington (d) Street No. _____
 (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.
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME William Black
 (a) Residence, No. Farmington Mo. 0 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Brown Black
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-30-1849
 7. AGE YEARS 91 MONTHS 2 - DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painting
 9. Industry or business in which work was done, as saw mill, bank, etc. Interior Decorator
 10. Date deceased last worked at this occupation (month and year) Nov 1937 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vincennes Ind.
 FATHER 13. NAME John Black
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 MOTHER 15. MAIDEN NAME Nancy Dungan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT Mrs Wm Black
 (ADDRESS) Farmington Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Partlow DATE Feb. 1
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Farmington Mo
 20. FILED 2-1-41 Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30-1941
 22. I HEREBY CERTIFY, That I attended deceased from Jan 14, 1941, to Jan 30, 1941
 last saw him alive on Jan 30, 1941. Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 1-14-1941
 Other contributory causes of importance:
Cardio-Vascular
Renal Disease 1937
Arteriosclerosis
 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) Geo. P. Watters M. D.
 (Address) Farmington 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,

[Handwritten signature]

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

[Handwritten signature: C. Hugo Cozian]

Licensed Embalmer No.....

[Handwritten number: 4084]

P. O. Address.....

[Handwritten address: Farmington, Me]

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.