

NOV 15 1937

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

37046

Do not use this space.

1. PLACE OF DEATH

 (a) County Bales Registration District No. 50
 (b) Township _____ Primary Registration District No. 3004 Registered No. 75
 (c) City Butler (d) Street 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. _____ 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 negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know - about 1857
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 80
8. Trade, profession, or particular kind of work done, as sawyer, 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) Don't know13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT Ben Pigg (ADDRESS) St Louis Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Wak Hill DATE Nov 1 193719. FUNERAL DIRECTOR Butler (ADDRESS) Butler Mo20. FILED Nov 1 1937 Nina L. Collier Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 193722. I HEREBY CERTIFY, That I attended deceased from July 1, 37 1937 to Oct. 28, 37 1937I last saw him alive on Oct. 27, 37 1937. Death is said to have occurred on the date stated above, at 8 A. m.

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

Cancer of Stomach

Date of onset

Other contributory causes of importance: 46Name of operation None Date of NOWhat test confirmed diagnosis? EXAM. 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 _____ 1937Where 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) L. M. Rice M. D.(Address) Butler, 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, Harry G. Newell, Licensed Embalmer No. 3111
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
..... L. E.

No. or by; Registered Apprentice No.
working under my personal supervision.

Signed Harry G. Newell
Licensed Embalmer No. 3111

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.)