

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

13986
 Do not use this space.

REC'D MAY 10 1938

1. PLACE OF DEATH:

10(a) County Boone Registration District No. 73
 (b) Township Boone Primary Registration District No. 3006 Registered No. 85
 (c) City Columbia (d) Street No. _____ St. _____
 (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 Paul Givens 15.2

(a) Residence, No. 500 Walnut 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Givens
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-16-1885
 7. AGE YEARS 53 MONTHS 2 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Owner of Cafe
 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) Howard County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Bud Givens
 14. BIRTHPLACE (CITY OR TOWN) Howard County
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Emma Adair
 16. BIRTHPLACE (CITY OR TOWN) Howard County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mamie Givens
 (ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Boone Cemetery DATE 4-17-1938

19. FUNERAL DIRECTOR Street & Parker
 (ADDRESS) Columbia Missouri

20. FILED 4/16/1938 Allie Selby
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Mar. 27, 1938, to April 14, 1938

I last saw him alive on April 14, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Suppurative pericarditis Date of onset _____
massive effusion ?
Pulmonary Tuberculosis ?
Hypostatic pneumonia 4-12-38

Other contributory causes of importance: 23

Name of operation Pericardial Paracentesis Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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? No
 If so, specify _____
 (Signed) Jama M. Baker, M. D.
 (Address) Boone Co. Hospital

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.

Paracetamol

STATEMENT BY LICENSED EMBALMER

I, *Sharon P. Parker*, Licensed Embalmer No. *2900*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *me*

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Sharon P. Parker*

Licensed Embalmer No. *2900*

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.)