L.C.: MAY 10 1938

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

14790
Do not use this space.

1. PLACE OF DEATH
(a) County: Howell — Registration District No.: 384
(b) Township: — Primary Registration District No.: 4227 — Registered No.:
(c) City: West Plains, — (d) Street No.: Residence of Marvin Custer. N.Wash.Ave.
(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: 12 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: LEO WAYMON CUSTER 236
(a) Residence, No.: St. Louis St. St.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 3, 1911

7. AGE: Years 26 — Months 9 — Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Day laborer
9. Industry or business in which work was done, as saw mill, bank, etc.: WPA
10. Date deceased last worked at this occupation (month and year): April 1938
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon Co., Missouri. 0

FATHER
13. NAME: Marvin Custer 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon Co., Missouri. 0

MOTHER
15. MAIDEN NAME: Pearl Wayles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oregon Co., Missouri.

17. INFORMANT (ADDRESS): Marvin Custer, West Plains, Mo.

18. ~~BURIAL, CREMATION,~~ OR REMOVAL: Rose Hill Cem.
PLACE: Oregon Co., Mo. DATE: Apr. 22, 1938

19. FUNERAL DIRECTOR (ADDRESS): Hal Thornburgh, West Plains, Missouri.

20. FILED: 4-21-, 1938 Vida W Simons, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Suicide	
Other contributory causes of importance:	

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Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide: Suicide Date of injury: 4/18/, 1938
Where did injury occur? West Plains, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. in home
Manner of injury: Slashed throat with razor,
Nature of injury: death from loss of blood.

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Mr. Wayne C. Thornburgh Coroner
(Address) West Plains, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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.

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

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STATEMENT BY LICENSED EMBALMER

I, Hal Thornburgh, Licensed Embalmer No. 3 4 0 8

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self.

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Hal Thornburgh

Licensed Embalmer No. 3408

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.)