

REC'D MAY 23 1938

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

15226
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
(b) Township Fredericktown Primary Registration District No. 3028 Registered No. 34
(c) City Fredericktown (d) Street No. None St.
(e) Length of residence in city or town where death occurred 71 yrs. 10 mos. 26 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN WESLEY VENABLE 514
(a) Residence, No. Fredericktown 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May - 7 - 1866

7. AGE YEARS 71 MONTHS 10 DAYS 26 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) Fredericktown
(STATE OR COUNTRY) Missouri

FATHER 13. NAME MATHELDRED BASS VENABLE

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
(STATE OR COUNTRY) ALABAMA 1

MOTHER 15. MAIDEN NAME Unknown 1

16. BIRTHPLACE (CITY OR TOWN) Unknown 1
(STATE OR COUNTRY)

17. INFORMANT Esther Venable
(ADDRESS) Fredericktown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fredericktown mo. DATE April 14 1938

19. FUNERAL DIRECTOR Houell - Alden Mortuary
(ADDRESS) Fredericktown Missouri

20. FILED 4/14 1938 S. C. Slaughter
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 1 - 1938 to Apr 2 1938
I last saw him alive on Apr 2 1938. Death is said

to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

Apoplexy Date of onset 1930
121-
Other contributory causes of importance Nephritis - 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? No
If so, specify
(Signed) W. Harry Barron M. D.
Fredericktown (Address) 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,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)