

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

17142
Do not use this space.

JUN 9 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Wakan Primary Registration District No. 1002 Registered No. 1839
 (c) City Wamassey (d) Street No. 2 C Gen Hosp 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

(a) Residence, No. 223 West 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 Max Bristow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 6 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Decriator
 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) Mo

FATHER 13. NAME James Bristow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Emma Frazier

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Deana Clark
2 C Gen Hosp 2 C Mo

18. BURIAL, CREMATION, OR REMOVAL Local Well DATE 5-3-38

19. FUNERAL DIRECTOR (ADDRESS) Deana Clark
2 C Gen Hosp 2 C Mo

20. FILED May 2 1938 38/77-74 Grove
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-2 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-18, 1938, to 5-2, 1938
 I last saw her alive on 5-2, 1938 Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Cancer of Prostate Date of onset
with right lung cancer.
Phthisis and multiple
 Other contributory causes of importance: abscesses 51

Name of operation _____ 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? _____
 If so, specify _____
 (Signed) P. F. De Maria M. D.
 (Address) 2 C Gen Hosp 2 C 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.)