

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

Do not use this space.

26197

1. ~~1938~~ **1938** *Deaths*
 County *Polk* Registration District No. *6-1-07*
 Township *La Monte* Primary Registration District No. *5858*
 City *La Monte* (No. _____) St. _____ Ward _____

2. FULL NAME *Ruben Elsworth De Haven 1.50*
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *50* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lula De Haven</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 17 - 1864</i>		
7. AGE	YEARS <i>73</i>	MONTHS <i>11</i>
	DAYS <i>29</i>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Farmer</i>	
	9. Industry or business in which work was done, as silk mill, 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) <i>La Monte Mo</i>		
FATHER	13. NAME <i>Ruben Eli De Haven</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>	
MOTHER	15. MAIDEN NAME <i>Maguel Ann Gill</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>	
17. INFORMANT <i>Mrs. Elsworth De Haven</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>La Monte Mo</i> DATE <i>7-21</i> 19 <i>38</i>		
19. UNDERTAKER <i>J. F. Parker</i> ADDRESS <i>La Monte Mo</i>		
20. FILED <i>7-20</i> 19 <i>38</i> <i>Ed. Carter</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 19 1938*

22. I HEREBY CERTIFY, That I attended deceased from *April 1*, 19*38*, to *July 19*, 19*38*.
 I last saw him alive on *July 19*, 19*38*. Death is said to have occurred on the date stated above, at *6:20* a.m.
 The principal cause of death and related causes of importance were as follows:
Enlargement of prostate gland.
9/2/38

Other contributory causes of importance:
Chr. Valvular Disease

Name of operation *none* Date of _____
 What test confirmed diagnosis? *Chrom.* Was there an autopsy? *no*

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 *J. W. Brown*, M. D.
 (Signed) _____ (Address) *Enoch W. Carter, Mo.*
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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.

DEPARTMENT RECORD

