

REC'D SEP 23 1938

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

29059

Do not use this space.

## 1. PLACE OF DEATH

(a) County HOWARD Registration District No. 384  
(b) ~~WEST PLAINS~~ Primary Registration District No. 4257 Registered No. \_\_\_\_\_  
(c) City WEST PLAINS (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 7 mos. 8 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
J. C. CURRIE, JR. (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX MA 4. COLOR OR RACE BLK 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) INFANT

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-20-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
— 9 8-

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. INFANT  
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) WEST PLAINS, MO13. NAME J. C. CURRIE -14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) HERMONDALE, MO15. MAIDEN NAME JESSIE A. ABRISON16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) FRANKLIN, ARKANSAS17. INFORMANT (ADDRESS) JESSIE CURRIE - WEST PLAINS, MO.18. BURIAL, CREMATION, OR REMOVAL PLACE JESSIE BROWN CEMETERY DATE 7-29-3819. FUNERAL DIRECTOR (ADDRESS) ROBERTSON'S WEST PLAINS, MO.20. FILED 7-29 1938 Vida W. SIMONS Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-28-193822. I HEREBY CERTIFY, That I attended deceased from 7/28, 1938, to 7/28, 1938

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ Death is said

to have occurred on the date stated above, at 4:25 P.M. m.

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

Marasmus

Date of onset

5/1/38Other contributory causes of importance: 158

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Maud Thompson, M. D.(Address) West Plains, Mo

Thompson

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**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.)**