

REC'D DEC 16 1938

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

40601
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 286
(c) City (d) Street No.
(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 2 yrs. 2 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 162 Otto O'Berg St. (If nonresident, give city or town and State)
State Hospital #3 (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 Mattie O'Berg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? 1891
7. AGE YEARS 47 MONTHS ? DAYS ? If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. yard clerk
9. Industry or business in which work was done, as saw mill, bank, etc. Chronic invalid
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) Pa.
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
no information

17. INFORMANT Co. Clerk - Jackson Co.
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hope Cemetery DATE Nov 14 1938

19. FUNERAL DIRECTOR (NAME) Hope Funeral Serv
(ADDRESS) Nevada mo

20. FILED 11-14 1938 Allen V. Hays
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 26 1936 to Nov 10 1938
I last saw him alive on 1938. Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:

Sen. paralytic of the insane Date of onset 1930
(Symptoms of the C.N.S.)
\$30
Other contributory causes of importance:
Chronic - myocardial insufficiency (of syphilis)

Name of operation none Date of
What test confirmed diagnosis? clinical - autopsy 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? no
If so, specify
(Signed) T. J. O'Dell M. D.
Nevada
775 (Address)

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-38-487

Date Filed 12-6-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Allen V. Hays

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Allen V. Hays

Licensed Embalmer No. 1938

P. O. Address Nevada Mo.

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.)

If this body is not embalmed, above space should be left blank.