

REC'D JAN 25 1939

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

44903

Do not use this space.

1. PLACE OF DEATH

(a) County Wright ³ Registration District No. 908
(b) Township Mt. Grove Primary Registration District No. 6222 Registered No. 63
(c) City..... (d) Street No..... 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

1035 Claude Courtney
(a) Residence, No. 1035 St. 63
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Madame Courtney
(OR) WIFE OF

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

Feb. 3, 1915

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. Farmer T. W. F.
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)

Oklahoma

13. NAME

Sonnie C. Courtney

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

Mo.

15. MAIDEN NAME

Maud Courtney

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

Mo.

17. INFORMANT (ADDRESS)

Mrs. Madame Courtney
Norwood Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Reutherford DATE 11/7/38

19. FUNERAL DIRECTOR (ADDRESS)

Ella J. Bouldin
Norwood Mo 631

20. FILED

12-14-38 Service Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

viewed the body

I last saw him alive on....., 19..... Death is said

to have occurred on the date stated above, at 10:30 p.m.

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

Killed by gun shot
blamed for head crushed
by William O'Farrell at a
game one mile west of
Mountain Grove Mo

Date of onset

Other contributory causes of importance:

173'

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? at the game - right B. man

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Public placeNature of injury Murder24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) George Staff (Coroner)Wm. B. Smith (M.D.)

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.)