

REC'D FEB 20 1939

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

1201  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. \_\_\_\_\_  
 (b) Township Jackson Primary Registration District No. \_\_\_\_\_  
 (c) City Jackson City (d) Street No. 72 C Gen Hosp Registered No. 214  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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. Seeds for 1 block 1101 1/2 East 8th St.  
 (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 (OR) WIFE OF Ivy Nail

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
38 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Transfer  
 9. Industry or business in which work was done, as saw mill, bank, etc. Driver  
 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) Coffeyville Kansas

FATHER 13. NAME R. M. Nail

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co Tenn.

MOTHER 15. MAIDEN NAME Mattie Gumble

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fannin Co Texas

17. INFORMANT R. M. Nail  
 (ADDRESS) 1101 1/2 East 8th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Brentwood DATE Jan 18 1939

19. FUNERAL DIRECTOR (NAME) J. W. Wagner  
 (ADDRESS) 11 E. 2nd

20. FILED Jan 17 1939 M. M. Crowe  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1939 to Jan 16 1939  
 I last saw deceased alive on Jan 16 1939 Death is said to have occurred on the date stated above, at 3:15 p.m.  
 The principal cause of death and related causes of importance were as follows:

chronic draining  
Empyema left chest  
Spontaneous pneumo-  
 Other contributory causes of importance:  
thorax - non tuberculous  
Early Anemias of liver

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) R. M. Maria M. D.  
 (Address) Dept 72 C Gen Hosp 72 C

Exact statement of OCCUPATION is very important.

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**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, .....

....., or by .....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to conform with the above constitutes grounds for revocation of license.)**

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