

REC'D FEB 15 1939

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

2321

Do not use this space.

1. PLACE OF DEATH

(a) County Greene 2 Registration District No. 318
(b) Township Spft Primary Registration District No. 2001 Registered No. 57
(c) City Spft (d) Street No. 1020 E Brower 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

(a) Residence, No. 1020 - E - Brower St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 1864

AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
<u>last</u>	<u>75</u>			

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.

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) Paris Texas

13. NAME Unknown

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

15. MAIDEN NAME Susan Bonner

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

17. INFORMANT (ADDRESS) Mr. Bennie Boyd
1020 - E - Brower

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lincoln DATE 1-21-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. V. Smith
712 - 7th

20. FILED Jan 20, 1939 Chas. H. Georgetown
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sunday Jan 14, 1939, to Jan 20, 1939
I last saw him alive on Jan 19, 1939. Death is said to have occurred on the date stated above, at 9:40 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy

Date of onset
1/14/39

Other contributory causes of importance:

Senility
Cerebral apoplexy

June 1936

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? no

If so, specify.....

(Signed) J. J. W., M. D.

(Address) 1020 Sherman

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,

H.V. Smith

....., or by

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

Signed.....

H.V. Smith

Licensed Embalmer No. *3324*

P. O. Address *705 - 24 - effa*

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.