

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D FEB 25 1939

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

3380
Do not use this space.

1. PLACE OF DEATH

(a) County Remick Registration District No. 653
(b) Township _____ Primary Registration District No. 4390 Registered No. 6
(c) City Hayti (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

(a) Residence, No. 455 John H. Solomon Hayti - Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17 1939

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 18, 1939 to Jan 18, 1939
I last saw him alive on Jan 18, 1939 Death is said to have occurred on the date stated above, at 6 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/10-1889

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 1 7

pulmonary T.B.
Date of onset ?

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm laborer
9. Industry or business in which work was done, as saw mill, bank, etc. farm
10. Date deceased last worked at this occupation (month and year) 11-10-1939 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ga

Other contributory causes of importance:

FATHER 13. NAME John Solomon Sr.

Name of operation _____ Date of _____

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ga

What test confirmed diagnosis? Sy S krog Was there an autopsy? no

MOTHER 15. MAIDEN NAME Adah

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ga

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Lillie Lee Solomon Hayti - Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayti - Morgan DATE Jan 19 1939

Manner of injury _____ Nature of injury _____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Smith Hayti - Mo.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) As Shiner Hayti, Mo. M. D.

20. FILED 1-19 1939 W. Rhodes Local Registrar.

RECEIVED

District Health Officer M

District File Number 39-

Date Filed 2-10-

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 comply with the above constitutes grounds for revocation of license.)

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