

REG'D JAN 13 1939

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

3607
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 735
 (b) Township Prosper Primary Registration District No. 3034
 (c) City Moberly (d) Street No. 1009 Henry 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. 1009 Henry 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 Male 4. COLOR OR RACE White 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) June 14th 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 19

OCCUPATION 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) Ill

FATHER 13. NAME Louis Thomas

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

MOTHER 15. MAIDEN NAME Elizabeth Brown

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

17. INFORMANT (ADDRESS) Mrs Ray Porter
Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Chapin Hill Jan 5th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahon and Son
Moberly, Mo

20. FILED Jan 4 19 39 Ethel Colton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 3 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Coroner's base 19 base, 19 base

I last saw h. base alive on base, 19 base. Death is said to have occurred on the date stated above, at 8:45 P.M.

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

Natural, but not determined, probably heart trouble

Other contributory causes of importance: Senility

Name of operation History Date of base
 What test confirmed diagnosis? History Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? base Date of injury base, 19 base
 Where did injury occur? base (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury base
 Nature of injury base

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify E. H. Shrader, Coroner M. D.
 (Signed) E. H. Shrader, Coroner (Address) Moberly, Mo

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.

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.....

Frank S. D. Witt

Licensed Embalmer No.....

3821

P. O. Address.....

Mobile, Ala.

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.