

REC'D FEB 28 1939

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

4156
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 1171
(b) Township Jackson Primary Registration District No. 6145 Registered No. _____
(c) City Raymondville (d) Street No. _____ (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

514 W. Temple
(a) Residence, No. Raymondville 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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-21-1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 9 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Famer

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) 10 yrs 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER 13. NAME Unknown 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Maud Evans
Raymondville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE (Specify city or town, county, and State) DATE Jan-3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. V. Elliott
Abbeol Mo

20. FILED Jan 3rd 1939 Mrs. Nora Greer
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 1939

22. I HEREBY CERTIFY, That I attended deceased from MD Physician to Raymondville, 1939.
I attended at home. Death is said to have occurred on the date stated above, at 2:50 P.M.

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

Supposed to have
Heart Disease
likely myocarditis

Date of onset

Other contributory causes of importance: 93 A1

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 _____, 1939

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? 4

If so, specify _____

(Signed) J. B. Yonack M. D.

(Address) Raymondville Mo

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.