

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

**6357**  
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 15 1939**

(a) County **Jameson** Registration District No. **251**  
 (b) Township **Franklin** Primary Registration District No. **4151** Registered No. **1**  
 (c) City **Jameson Mo.** (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 **561 Oliver Brown Somerville**

(a) Residence, No. \_\_\_\_\_ St.  (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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1861 Oct 10**

7. AGE YEARS **77** MONTHS **4** DAYS **4** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Farmer**  
 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) **Shawshoga New York**

FATHER 13. NAME **Wesley** 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

MOTHER 15. MAIDEN NAME **Mary Mabel** 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT (ADDRESS) **George Somerville Bellicoth, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Jameson** DATE **Feb. 14 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **O. A. Robinson Jameson Mo.**

20. FILED **Feb 14 1939** **Arad Hugh** Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 12 1939**

22. I HEREBY CERTIFY, that I attended deceased from **Feb 7 1939** to **Feb 11 1939**. I last saw him alive on **Feb 11 1939**. Death is said to have occurred on the date stated above, at **4:20** m.

The principal cause of death and related causes of importance were as follows:  
**Intermittent Nephritis** Date of onset **1927**

Other contributory causes of importance:  
**121**

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? \_\_\_\_\_  
 If so, specify **Tragically**  
 (Signed) **Arad Hugh** (Address) **Jameson 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.

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RECEIVED

District Health Officer No. 11,

District File Number 39-88

Date Filed MAR 9 1939

*James A. White*

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.....

*O. L. Robertson*....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *O. L. Robertson*.....

Licensed Embalmer No. 3244.....

P. O. Address *Farmington*.....

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.