

REC'D MAR 15 1930

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

6385

Do not use this space.

1. PLACE OF DEATH

(a) County DeKalb 21 Registration District No. 262
(b) Township Polk Primary Registration District No. 5364 Registered No.
(c) City Union Star Mo (d) Street No. St.
(e) Length of residence in city or town where death occurred 38 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Thomas Overman
(a) Residence, No. Union Star Mo 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Myrtle Overman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 27
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
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) 1936 11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond Indiana
13. NAME Jessie Overman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?
15. MAIDEN NAME Mary
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown?
17. INFORMANT Myrtle Overman (ADDRESS) Union Star Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star Mo DATE Feb. 28, 1939
19. FUNERAL DIRECTOR Lucile M. Wilson (ADDRESS) King City Mo.
20. FILED Feb 26, 1939 M. Reynolds Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1939 to Feb 25, 1939
I last saw him alive on Feb 24, 1939. Death is said to have occurred on the date stated above, at 6:15 A. m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset 2-24-39
Other contributory causes of importance: 44 W
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 E. M. Reynolds M. D.
(Signed) Union Star Mo
257 (Address) Union Star Mo

RECEIVED

District Health Officer No. 11;

District File Number 79-84

Date filed MAR 9 1939

DEC 6 1939

STATEMENT BY LICENSED EMBALMER

I, Lucile M. Wilson, Licensed Embalmer No. 2830

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Lucile M. Wilson

Licensed Embalmer No. 2830

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.)