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.

REC'D MAR 21 1939

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

7383
Do not use this space.

1. PLACE OF DEATH
(a) County Ozark 2 Registration District No. 920
(b) Township Pontiac 1 Primary Registration District No. 6289 Registered No. 1
(c) City ..... (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 100 TAN BUELL NAVE
(a) Residence, No. Pontiac Ozark Co mo St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 4th 1919
7. AGE: YEARS 19 MONTHS 5 DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Faring
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): Pontiac Ozark Co. mo

FATHER
13. NAME: Jake Nave
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pontiac Ozark Co mo

MOTHER
15. MAIDEN NAME: Martha Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pontiac Ozark Co mo

17. INFORMANT (ADDRESS): Jake Nave Pontiac Ozark Co mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Pontiac Cemetery DATE Jan 15 1939
19. FUNERAL DIRECTOR (ADDRESS): John Wray Pontiac mo
20. FILED Feb 10 1939 Mary F. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1939, to Jan 14, 1939. I last saw him alive on Jan 14, 1939. Death is said to have occurred on the date stated above, at 6:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronc, Pneumonia	
Meningitis Pneumo	

Other contributory causes of importance: 107 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? No
If so, specify .....
(Signed) H E Pace, M. D.
(Address) Gainesville Mo

584

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-39-211
Date Filed MAR 7 1939

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)