

MAY 22 1939

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

15343

Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
(b) Township Mt. Vernon Primary Registration District No. 5633
(c) City Mt. Vernon (d) Street No. Mo. State Sanatorium Registered No. 666
(e) Length of residence in city or town where death occurred 2 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Humanville, 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 F 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 Curtis McCoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 4 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
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) Randa, Mo.

13. NAME Tom Miller

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

15. MAIDEN NAME Bessie Bird

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

17. INFORMANT (ADDRESS) Record given by deceased in application

18. BURIAL, CREMATION, OR REMOVAL PLACE Humanville, Mo. DATE May 1, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Joseph A. Stewart, Humanville, Mo.

20. FILED April 30, 1939 J. A. Palmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1938, to 4-29, 1939

I last saw h. w. alive on 4-29, 1939. Death is said to have occurred on the date stated above, at 8 PM.

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

Pulmonary Tuberculosis Date of onset 1938

Other contributory causes of importance:

Parasitosis
Enteritis

Name of operation _____ Date of _____

What test confirmed diagnosis? chest x-ray Was there an autopsy? no

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 _____

(Signed) J. P. Manning, M. D.

(Address) Mt. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-999

Date Filed MAY 10 1939

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.