

REC'D JUN 22 1939

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

19326

Do not use this space.

1. PLACE OF DEATH

(a) County NEWTON Registration District No. 609
(b) Township _____ Primary Registration District No. 4363 Registered No. 40
(c) City NEOSHO or _____ (d) Street No. SALE BOWMAN HOSPITAL 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 230 IRENE WEST

(a) Residence, No. GOODMAN MISSOURI 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 FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>CLYDE WEST</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 21, 1919</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>19</u>	<u>11</u>	<u>13</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>HOUSEWIFE</u>			
	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) <u>MISSOURI</u>				
FATHER	13. NAME <u>JOHN PETTY</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>			
MOTHER	15. MAIDEN NAME <u>PEARL GAPPS</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>			
17. INFORMANT (ADDRESS) <u>John Petty Goodman Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>UNION CEMETERY</u> DATE <u>5/16/39</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Asbury Bigham Neosho, Mo</u>				
20. FILED <u>5-8</u> 19 <u>39</u> <u>Analay Baker</u> Local Registrar. <u>543</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4 1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....
I last saw a dead may 4, 1939 SA Death is said to have occurred on the date stated above, at.....
The principal cause of death and related causes of importance were as follows:

Gaseous Gangrene Date of onset

Other contributory causes of importance: 219m

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ACCIDENT Date of injury 4-30-39Where did injury occur? 3 mi. E. of Goodman Mo (Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. ON PUBLIC ROADManner of injury riding on running board of car whichNature of injury was struck by another car.24. Was disease of injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Corey Thompson CORONER(Address) Neosho 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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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.....
J. B. [Signature], Registered Apprentice No.....
working under my personal supervision.

Signed

J. B. [Signature]

Licensed Embalmer No. *2689*

P. O. Address *Waco, Tex*

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.