

JUL 11 1939

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

22110  
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 318  
(b) Township SPRINGFIELD Primary Registration District No. 2001  
(c) City SPRINGFIELD (d) Street No. St. John Hosp 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 John Tom Singleton

(a) Residence, No. Ava, Mo. Star Route 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace Singleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 3 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 6 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
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) Ava (STATE OR COUNTRY) Mo.

FATHER 13. NAME Thomas Singleton

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

MOTHER 15. MAIDEN NAME Angeline Mallonee

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

17. INFORMANT Mrs Grace Singleton (ADDRESS) Ava, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ava, Mo. DATE June 7 1939

19. FUNERAL DIRECTOR (NAME) Clinkingbeard Und. Co (ADDRESS) Ava, Mo

20. FILED 6-7- 1939 Chas A. George (Address) Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1 1939, to June 6 1939  
I last saw him alive on June 6 1939. Death is said to have occurred on the date stated above, at home.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Heart Disease  
Myocardial Failure  
Myocardial Failure

Date of onset 1937  
May 1937  
11/15/37

Other contributory causes of importance: 95 lb

Name of operation none Date of.....  
What test confirmed diagnosis? EKG, etc. 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? No  
If so, specify.....  
(Signed) E. E. Glvnn, M. D.  
(Address) Springfield, 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

**Not Embalmed**

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.**

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