

MO 2003

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

22572
Do not use this space.

1. PLACE OF DEATH

(a) County Linn Registration District No. 496
(b) Township Brookfield Primary Registration District No. 3025 Registered No. 61
(c) City Brookfield (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

123 Fred J Proctor
(a) Residence, No. 301 Hunt 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) Laura Proctor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 21 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 8 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter Paper hangar
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) 1937 11. Total time (years) spent in this occupation 124

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo.

FATHER 13. NAME Wm Proctor 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME May Wilder 1

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

17. INFORMANT (ADDRESS) A. A. Proctor

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield DATE June 21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) James H. Proctor
Brookfield Mo.

20. FILED July 1 1939 James H. Proctor
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1939

22. I HEREBY CERTIFY, That I attended deceased from June 2 1939, to June 19 1939
I last saw him alive on June 19 1939. Death is said to have occurred on the date stated above, at 11 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebrum & Liver (Alcoholic)

Other contributory causes of importance: the alcoholism

Name of operation None Date of _____
What test confirmed diagnosis? Cleared 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) James H. Proctor M. D.
Brookfield Mo. 445 (Address)

Date of death June 19 1939

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.

RECEIVED

District Health Officer No. 11

District File Number 739 763

Date Filed JUL 6 1938

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 Wm. A. Bowden

Licensed Embalmer No. 3295

P. O. Address Brookfield Mo.

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.