

390 JUL 24 1939

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

22761
Do not use this space.

1. PLACE OF DEATH

(a) County New Madrid Registration District No. 603
(b) Township W Primary Registration District No. 4357
(c) City Morehouse (d) Street No. _____ 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

(a) Residence, No. 343 Arch Gilberh Cattlett 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 Emma Cattlett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-6-1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 11 27

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. Mill work
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) Arkansas

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Emma Cattlett
Morehouse mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Matthew DATE 6-4-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Nant Albritton
Silchester mo

20. FILED 7-20 1939 Mrs. John Ferriell
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-3-39 1939
22. I HEREBY CERTIFY, That I attended deceased from 5-3 1939, to 6-3 1939
I last saw him alive on 6-3 1939 Death is said to have occurred on the date stated above, at 3:40 pm. 11919
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis Date of onset 1938
ahb
Other contributory causes of importance: _____

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) R. M. Jones M. D.
Morehouse mo
536 (Address)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MAINTAIN RESERVED FOR BINDING

50M-1 (2-35) I X14228

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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9

RECEIVED

District Health Officer No. **2**,

District File Number **239-77**

Date Filed **2-22**

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.