

AUG 4 1939

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

25203
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104
(b) Township Fulton Primary Registration District No. 3008 #1 Registered No. 177
(c) City Fulton (d) Street No. State Hosp. #1 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. 3 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Perry 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Lee Rouse

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 79 5 19

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. Farmer
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) Missouri

FATHER 13. NAME Le Grand Rouse

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) State Hosp #1 Fulton

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry Mo DATE 8/5 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fry & W. Reber Perry Mo.

20. FILED July 3, 1939 A. N. Crewe Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3rd 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20th 1939 to July 3rd 1939
I last saw him alive on July 3rd 1939. Death is said to have occurred on the date stated above, at 10:55 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
93C

Other contributory causes of importance:
Gen. Arteriosclerosis
Ch. Myocarditis
Psychic - Senile

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? None 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) Geo. F. Wood, M. D.
(Address) State Hosp #1 Fulton

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{will be} ~~was~~ embalmed by me, or by.....
Clyde C. Wilbey....., Registered Apprentice No.....
working under my personal supervision.

Signed Clyde C. Wilbey
Licensed Embalmer No. 3828
P. O. Address Perry 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.