

REC'D AUG 4 1939

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

25205  
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3008 Registered No. 179  
(c) City Fulton (d) Street No. State Hospital #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. 10 da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. Moscow Mills Missouri 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) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1857  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 5 ?  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
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) (STATE OR COUNTRY) Lincoln County Missouri  
13. NAME W.A. Clark  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT Hay Records (ADDRESS) Stable #1 Fulton Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Moscow, Mo. DATE July 6, 1939  
19. FUNERAL DIRECTOR (NAME) Geo. J. Wood (ADDRESS) Fulton, Missouri  
20. FILED July 6, 1939 R.N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1939  
22. I HEREBY CERTIFY, That I attended deceased from June 26, 1939, to July 6, 1939  
I last saw him alive on July 5, 1939. Death is said to have occurred on the date stated above, at 3 a.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset 7/5/39  
Cerebral Hemorrhage  
HTA  
Other contributory causes of importance:  
Gen. Arteriosclerosis  
Malnutrition  
Dehydration

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis Phys. Exam. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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. J. Wood, M. D.  
156 (Address) State Hospital Fulton 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.

**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.....

*Leo G. Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton 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.**