

1890 AUG 4 1939

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

25208
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway 3 Registration District No. 104
(b) Township Fulton 1 Primary Registration District No. 3008
(c) City Fulton (d) Street No. State Hosp #1 Registered No. 184
(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. 2 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

600 James P. De Roy
(a) Residence, No. St. Louis County 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 M
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
6 (years)

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. office worker
10. Date deceased last worked at this occupation (month and year) III. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Mo.

FATHER
13. NAME DK.

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

MOTHER
15. MAIDEN NAME DK.

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

17. INFORMANT (ADDRESS) State Hosp. #1 Fulton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles Mo. DATE July 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. J. Wood

20. FILED 7/9/39 1939 R. N. Cruise Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th 1939
22. I HEREBY CERTIFY, That I attended deceased from April 25, 1939 to July 9, 1939
I last saw him alive on July 8, 1939. Death is said to have occurred on the date stated above, at 2:50 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage - (result of trauma)
Psychosis
Date of onset 7/9/39
Other contributory causes of importance: 186 1/2

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

28. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury July 9, 1939
Where did injury occur? Fulton Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. State Hosp. #1
Manner of injury Fracture Skull - Fulton
Nature of injury Rupture of Vertebral Artery (Spinal Cord)

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify: _____
(Signed) Geo. J. Wood M. D.
(Address) State Hosp. #1 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.....

.....
working under my personal supervision.

Registered Apprentice No.....

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.