

AUG 14 1939

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

25404  
Do not use this space.

1. PLACE OF DEATH

(a) County Liberty Registration District No. 201  
 (b) Township Liberty Primary Registration District No. 5780 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ County Home St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 15 yrs. - mos. - ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U.S., if of foreign birth? 50 yrs. - mos. - ds.

2. PRINT FULL NAME

(a) Residence, No. 453 Jimmie Poland St. Chandler, Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 12 - 1856</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>04</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Immater</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>County Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>A. B. Baldwin</u> (ADDRESS) <u>Chandler, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chandler, Mo.</u> DATE <u>July 19, 1939</u>		
19. FUNERAL DIRECTOR <u>Church - Archer Co</u> (ADDRESS) <u>Liberty, Mo.</u>		
20. FILED <u>July 22, 1939</u> <u>W. H. Steyer</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1939  
 22. I HEREBY CERTIFY That I attended deceased from July 13, 1939, to July 16, 1939  
 I last saw him alive on July 16, 1939 Death is said to have occurred on the date stated above, at 6:4 a. m.  
 The principal cause of death and related causes of importance were as follows:

Coronary Embolism 1939  
 General Atherosclerosis 1939  
 Other contributory causes of importance: 94 lb

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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) Burton, Matthey, M. D.  
 (Address) Liberty, 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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No. ....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
..... L. E. ....  
No. .... or by ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed .....,  
Licensed Embalmer No. ....

**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.)**