

REC'D AUG 1 1939

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

25671
Do not use this space.

1. PLACE OF DEATH *Yundy* *Y*
 (a) County *Yundy* Registration District No. *328*
 (b) Township *Leontau* Primary Registration District No. *3017* Registered No. _____
 (c) City _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Low Proffit*
 (a) Residence, No. _____ 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 *single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 8, 1882*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 4 30

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *laborer*
 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) *Missouri* 0
 FATHER
 13. NAME *Chas S. Proffit* 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri* 0
 MOTHER
 15. MAIDEN NAME *Sarah Brady*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 17. INFORMANT *Webb Proffit*
 (ADDRESS) *Leontau Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *K of P. County* DATE *4-9-39*
 19. FUNERAL DIRECTOR (NAME) *J. J. Jansen*
 (ADDRESS) *Leontau Mo*
 20. FILED *4-9-39* *J. J. Jansen* *300*
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-7-39* 19*39*
 22. I HEREBY CERTIFY, That I attended deceased from *7 April* 19*39*, to *7 April* 19*39*
 I last saw *him* alive on *7 April* 19*39* Death is said to have occurred on the date stated above, at *2:30 P.* h.
 The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis Date of onset *1 hour*
946
 Other contributory causes of importance:
Arterio Sclerosis and Chronic Alcoholism
 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? _____ 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) *E. A. Ruffey*, M. D.
 (Address) *Leontau 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.

1-11-39 WITH CHANGES THEREIN THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 11,

District File Number 739-923

Date Filed JUL 27 1939

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,

Charles D. Johnson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed *Charles D. Johnson*

Licensed Embalmer No. 3109

P. O. Address Frenton 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.