

SEP 14 1939

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

28461  
Do not use this space.

1. PLACE OF DEATH

(a) County Andrew Registration District No. 13  
 (b) Township \_\_\_\_\_ Primary Registration District No. 4010 Registered No. 46  
 (c) City Savannah (d) Street No. Sanitorium (Dr. Nichols's) 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

(a) Residence, No. \_\_\_\_\_ St.  Honeywell, 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) - 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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) un known

FATHER 13. NAME un known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

MOTHER 15. MAIDEN NAME un known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) un known

17. INFORMANT (ADDRESS) Bill Murray Honeywell, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Honeywell, Mo DATE aug 10 1939

19. FUNERAL DIRECTOR (ADDRESS) C. E. Brett Savannah, Mo

20. FILED Aug 9 1939 Mrs Jennie Reich Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1939

22. I HEREBY CERTIFY, That I attended deceased from July 29 1939 to Aug 8 1939  
 I last saw deceased on Aug 8 1939 Death is said to have occurred on the date stated above, at 8:20 PM  
 The principal cause of death and related causes of importance were as follows:

Central Hemorrhage  
8:20 PM  
 Other contributory causes of importance: Arterio sclerosis

Date of onset 8/31/39

Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirmed diagnosis Physical findings 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 S. E. Methury M. D.  
 (Signed) Savannah, Mo (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 11,

District File Number 939-1165

Date Filed SEP 17 1939

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Andrew Registration District No. 13  
(b) Township Savannah Primary Registration District No. 4010 Registered No. 46  
(c) City Savannah (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

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
Mr. Samuel Huston Webster  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

|  |                              |   |
|--|------------------------------|---|
| 3. SEX<br><u>m</u>   | 4. COLOR OR RACE<br><u>w</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>w</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                       |                              |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)  |                              |   |
| 7. AGE YEARS<br><u>69</u>  | MONTHS<br><u>-</u>           | DAYS<br><u>-</u>  |
| If LESS than 1 day, _____ hrs. or _____ min.                                       |                              |   |
| 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.            |                              |   |
| 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)                                   |                              |   |
| 13. NAME   |                              |   |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   |                              |   |
| 15. MAIDEN NAME  |                              |   |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)                                   |                              |   |
| 17. INFORMANT (ADDRESS)  |                              |   |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE                                       |                              |   |
| 19. FUNERAL DIRECTOR (ADDRESS)   |                              |   |
| 20. FILED <u>Oct. 6</u> 19 <u>39</u> <u>Mrs Jennie Pash</u> Local Registrar.       |                              |   |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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?  
If so, specify \_\_\_\_\_ (Signed) S. E. Metheny, M. D.  
(Address) Savannah, Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUPPLEMENTARY

