

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.

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

31092
Do not use this space
8155

OCT 14 1939

1. PLACE OF DEATH
(a) County..... 3 Registration District No..... 791
(b) Township..... Primary Registration District No..... 1008
(c) City..... St. Louis, Mo. 1 (d) Street No..... Masonic Home 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 2 yrs. 6 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 257 James M. Disney
(a) Residence, No. 5351 Delmar Blvd. St. 12 (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) Separated		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gathrine Wood				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5, 1861				
7. AGE YEARS 78	MONTHS 6	DAYS 16	If LESS than 1 day, hrs. or min.	
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. Locomotive Engineer			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Better Chance, Tenn. 1			
	13. NAME Samuel Disney 1			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Co., Tennessee 1			
	15. MAIDEN NAME Amelia Andrews			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Campbell County, Tennessee				
17. INFORMANT Helenoth Walker Hatcher (ADDRESS) 5351 Delmar St. Over Mo				
18. BURIAL, CREMATION, OR REMOVAL PLACE Hiram Cemetery DATE 9/23/39				
19. FUNERAL DIRECTOR Alexander & Sons (ADDRESS) 6175 Delmar Blvd.				
20. FILED SEP 22 1939 J. B. Brudick Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-39	
22. I HEREBY CERTIFY, That I attended deceased from March 7, 1937 to Sept. 21, 1939 I last saw him alive on Sept. 20, 1939. Death is said to have occurred on the date stated above, at 3:45 pm. The principal cause of death and related causes of importance were as follows: Chronic myocarditis Date of onset 2 yrs Chronic interstitial nephritis 1 yr	
Other contributory causes of importance Chronic interstitial nephritis	
Name of operation	Date of
What test confirmed diagnosis? Phys. Ex.	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 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) L. L. Cannon, M. D. (Address) 508 N. Grand Blvd	

STATEMENT BY LICENSED EMBALMER

I, J. Wm Bentley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Elbert E White

L. E.

No. _____ or by _____, Registered Apprentice No. 209
working under my personal supervision.

Signed

J. Wm Bentley

Licensed Embalmer No. 3653

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.)