

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

32833
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470
 (b) Township Mt Vernon Primary Registration District No. 61633 Registered No. 134
 (c) City Mo. State Sanatorium (d) Street No. Mo. State Sanatorium 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. 211 Ralph E. Ruch St. 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

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23, 1910
 7. AGE YEARS 29 MONTHS 2 DAYS 10 If LESS than 1 day, hrs. or min.
 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) Spring 1937 11. Total time (years) spent in this occupation 23
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.
 FATHER 13. NAME Joseph McParthy
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mendota Mo.
 MOTHER 15. MAIDEN NAME Geneva Bell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lone Tree South
 17. INFORMANT (ADDRESS) E. McMichael Bendler Mo. State Sanatorium
 18. BURIAL, CREMATION, OR REMOVAL PLACE Bevier, Mo. DATE Sept 23, 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. H. Howard Home Mt. Vernon, Mo.
 20. FILED Sept 23, 1939 R. A. Palmer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept, 23, 1939
 22. I HEREBY CERTIFY, That I attended deceased from March 31, 1938 to Sept 23, 1939
 I last saw him alive on Sept, 23, 1939 Death is said to have occurred on the date stated above, at 11 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary tuberculosis Date of onset 1937
23
 Other contributory causes of importance:
Tuberculous laryngitis
Tuberculous enteritis
 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? _____
 If so, specify Yes
 (Signed) Maurice L. Jones, M. D.
 (Address) Mt. Vernon, 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.

WHILE LIVING, WITH OBTAINING INFORMATION IS A PERMANENT RECORD

I X 10605

RECEIVED

District Health Officer No. 6,

District File Number 1039-1978

Date Filed OCT 5 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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.