

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

33782  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Monroe Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162  
 or  
 (c) City State Hook # 3 Street No. \_\_\_\_\_ St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (c) Length of residence in city or town where death occurred 2 yrs. 10 mos. 18 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 128 E Sarah Near St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)  
Butler Mo.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry Near  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK.  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 00 00

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. ....  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Monroe, Ala. (STATE OR COUNTRY)

FATHER 13. NAME George Davis

14. BIRTHPLACE (CITY OR TOWN) Georgia (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mindy Lyle

16. BIRTHPLACE (CITY OR TOWN) Mississippi (STATE OR COUNTRY)

17. INFORMANT Harry Reed (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill Mo. DATE Sept 27, 1939

19. FUNERAL DIRECTOR (NAME) Booth Funeral Home (ADDRESS) Rich Hill, Mo.

20. FILED Sept 25, 1939 Allen V. Hays Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15, 1937, to Sept. 25, 1939  
 I last saw h. 2 alive on Sept. 24, 1931. Death is said to have occurred on the date stated above, at 1 A. m.  
 The principal cause of death and related causes of importance were as follows:

Date of onset  
Generalized arteriosclerosis  
Chronic myocarditis  
 Other contributory causes of importance:  
Senile psychosis - agitated type

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) Wm. J. Greener, M. D.  
 (Address) 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.

RECEIVED

District Health Officer No. 7,

District File Number 7-89-1438

Date Filed 10-10-29

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**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 conform with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**