

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

40616
 Do not use this space.

1. PLACE OF DEATH
 (a) County Ray Registration District No. 1
 (b) Township Landon Primary Registration District No. 4/1/1 Registered No. _____
 (c) City Landon (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 JAMES MUNROE MIDDLETON, JR.
 (a) Residence, No. Landon, Missouri 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Opal Middleton
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7 7 0
 7. AGE YEARS 72 MONTHS 7 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-22 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5-20 1939, to 5-22 1939
 I last saw him alive on 5-22 1939 Death is said to have occurred on the date stated above, at 9:05 A.M.
 The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. miner
 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 40

Organic Heart -
County, Courway,
Thrombosis.
 Date of onset _____
 Other contributory causes of importance: 956

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County 0

FATHER 13. NAME James Middleton 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

MOTHER 15. MAIDEN NAME Sarah Pointer
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. Jim Middleton
Landon, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Landon Cemetery DATE 5/28/39 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John Brothers'

20. FILED: 67 1939 Manhattan
Local Registrar.

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) J. S. Pennington, M. D.
 (Address) _____

N. E.—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.

NOV 27 1950

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 My Self
....., Registered Apprentice No.....
working under my personal supervision.

Signed Brothers Funeral Home
J. B. Brothers
Licensed Embalmer No. 2001

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.

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LIBRARY

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