

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**

42670
Do not use this space.

1. PLACE OF DEATH

(a) County Barry ² Registration District No. 30
 (b) Township..... Primary Registration District No. 3003 Registered No. 3
 (c) City Monett ¹ (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 James Monroe Ezell

(a) Residence, No. Finn Apartment 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ezell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 28, 1869</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>8</u>
	DAYS <u>8</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	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)	<u>Louisville, Kentucky</u>	
FATHER	13. NAME <u>James Ezell,</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Steward</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs. Mary Ezell</u> (ADDRESS) <u>Monett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>I. O. O. F. Cemetery Dec. 7, 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Callaway's,</u> (ADDRESS) <u>Monett, Mo.</u>		
20. FILED <u>12-7-</u> <u>1939</u> <u>W. N. West</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 28 1939, to Dec 6 1939
 I last saw him alive on Dec 6 1939 Death is said to have occurred on the date stated above, at 1:30 m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris Date of onset Nov 28, 39
Arterio Sclerosis
Chr. Myocarditis 1937
 Other contributory causes of importance:
Arterio Sclerosis
Chr. Myocarditis
 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 Ernest Mitchell M. D.
 (Signed) Ernest Mitchell
31 (Address) Monett Mo.

RECEIVED

District Health Officer No. 6,

File Number 140-211

Date Filed JAN 12 1940

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.....

J. B. Buchanan

....., Registered Apprentice No.

working under my personal supervision.

Signed *J. B. Buchanan*.....

Licensed Embalmer No. 3179.....

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.