

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

2519  
 Do not use this space.

1-17-1940  
 PLACE OF DEATH

(a) County Holt Registration District No. 373  
 (b) Township Lewis Primary Registration District No. 5520 Registered No. 1  
 (c) City Holt (d) Street No. Holt County Farm 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 5 yrs. 2 mos. 5 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Correll  
 (a) Residence, No. 640 St.  (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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |                   |   |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  |  |   |                   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 13, 1869</u> |  |   |                   |   |
| 7. AGE  | YEARS<br><u>70</u>   | MONTHS<br><u>9</u>  | DAYS<br><u>29</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 farmer</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) Ohio

FATHER  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER  
 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Record Holt County Farm  
 (ADDRESS) Oregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Holt County Farm DATE Jan. 14, 1940

19. FUNERAL DIRECTOR (NAME) Pettijohn Funeral Service  
 (ADDRESS) Oregon, Missouri

20. FILED Jan 12 19 40 Ralph C. Moore  
Deputy Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12<sup>th</sup>, 1940

22. I HEREBY CERTIFY, That I attended deceased from May 1<sup>st</sup>, 1938, to Jan 11<sup>th</sup>, 1940  
 I last saw him alive on Jan 10, 1940. Death is said to have occurred on the date stated above, at 6 p. m.  
 The principal cause of death and related causes of importance were as follows:

Paralysis agitans  
Multiple Sclerosis  
 Date of onset Jan 10  
 Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Chemical. 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. 2  
 Manner of injury.....  
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify.....  
 (Signed) James Henry I., M. D.  
224 (Address) Memphis, Tenn

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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.

30M-9-19-38 I X16605

RECEIVED  
District Health  
District File Number 240-131  
Date Filed FEB 13 1940

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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.

*Not Embalmed.*

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.**