

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

15969

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6018A
 (c) City Near Farmington (d) Street No. State Hospt. #4 Registered No. 88
(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. 206 Jim Nix Callahan Mo. 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 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 Unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 Un. Un.
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Dunklin Co.
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Unknown
 14. BIRTHPLACE (CITY OR TOWN) 9
(STATE OR COUNTRY) " " 7
 MOTHER 15. MAIDEN NAME " "
 16. BIRTHPLACE (CITY OR TOWN) " "
(STATE OR COUNTRY) " "

17. INFORMANT Records of State Hospt. #4
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Cemetery of State Hospt. #4 DATE 4-13 1940

19. FUNERAL DIRECTOR (NAME) Neidert Und. Co.
(ADDRESS) Farmington, Mo.

20. FILED April 10, 1940 T. S. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1940

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1940, to 4-10, 1940

I last saw him... alive on 4-9, 1940. Death is said

to have occurred on the date stated above, at 1:15 p.m.

The principal cause of death and related causes of importance were as follows:

Senile psychosis (11 yrs)
with terminal
apoplexy (few days)
 Date of onset

Other contributory causes of importance:

Name of operation no Date of no
 What test confirmed diagnosis clin + path 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 industrial 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) Geo. Tivis Graves, Jr., M. D.
 (Address) Farmington, 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.

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.....

Not embalmed

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.