

NOV 25 1940 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35404
Do not use this space.

1. PLACE OF DEATH
(a) County Grundy Registration District No. 328
(b) Township _____ Primary Registration District No. 30/7
(c) City Orion (d) Street No. Cullers Shop 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. moa. ds. 3 (f) How long in U.S., if of foreign birth? yrs. moa. ds. _____

2. PRINT FULL NAME Melvin Adelbert Bingham
(a) Residence, No. Galt 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 Wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Bingham
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 1 30
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer
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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3, 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1940 to Sept 3, 1940
I last saw him alive on Sept 3, 1940 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic Pericarditis & acute coronary Date of onset 1938

Other contributory causes of importance: 97

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) [Signature] M. D.
(Address) Orion Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waukegan Ill.
13. NAME John Bingham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Windham Conn.
15. MAIDEN NAME Sally Head
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (ADDRESS) F. C. Bingham Galt Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Galt Mo. Cem. DATE Sept. 5, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Robb Payne & Son Galt Mo.
20. FILED 9-4-40 40 Greene D. Fair Local Registrar

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..... *P R Payne Jr*

Licensed Embalmer No. *3400*

P. O. Address *Galt*

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.