

REC'D APR 15 1938

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

10034

Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 31
 (b) Township..... Primary Registration District No. 4022 Registered No. 11
 (c) City Purdy (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 Charley Melvin Bamford 516

(a) Residence, No. 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 Caldonia Bamford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 0 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister
 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) New York,
 (STATE OR COUNTRY) New York.

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) Ireland
 (STATE OR COUNTRY)

17. INFORMANT John B. Rollins,
 (ADDRESS) Purdy, Missouri.

18. BURIAL PLACE Mt. Pisgah DATE Mar. 23, 1938

19. FUNERAL DIRECTOR Callaway's
 (ADDRESS) Monett, Mo.

20. FILED Mar. 23, 1938 Donald Blackenship, (Address)
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 193822. I HEREBY CERTIFY, That I attended deceased from March 21, 1938, to March 21, 1938.

I last saw him alive on March 21, 1938. Death is said to have occurred on the date stated above, at m.

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

Pneumonia

Date of onset

Other contributory causes of importance: 11/20

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? Yes

If so, specify

(Signed) T. P. ... M. D.

(Address)

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.

I X12004

50M-7-26-37

STATEMENT BY LICENSED EMBALMER

I, J. D. Buchanan, Licensed Embalmer No. 3179

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed J. D. Buchanan

Licensed Embalmer No. 3179

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.)