

REC'D AUG 24 1938

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

25123  
Do not use this space.

1. PLACE OF DEATH

(a) County Cale Co. Registration District No. 213  
 (b) Township Jefferson City Primary Registration District No. 3014 Registered No. 217  
 (c) City Jefferson City Street No. St. Marys Hospital 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

(a) Residence, No. 209 Ohio St. City 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12 - 1911

7. AGE YEARS 21 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Overall Factory  
 9. Industry or business in which work was done, as saw mill, bank, etc. Factory worker  
 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) Miller Co. Missouri

FATHER 13. NAME Rafe Ponder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Missouri

MOTHER 15. MAIDEN NAME Missus Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miller Co. Missouri

17. INFORMANT (ADDRESS) Clay Ponder, 209 Ohio St. Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope, Ia DATE July 12 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dawson Ponder, 700 Jefferson St. City

20. FILED 7/14/38 19 38 Suburban M.D. Health Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1938

22. I HEREBY CERTIFY, that I attended deceased from July 11 1938 to July 11 1938

I last saw him alive on July 11 1938 Death is said to have occurred on the date stated above, at 4 P.M.

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

Gun shot wound to head (suicide)

Other contributory causes of importance: 167

Name of operation no Date of no

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury July 11 1938

Where did injury occur? Home Creek, Ia. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot wound

Nature of injury through brain

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify Richard Taylor, M.D. (Signed)

(Address) Jefferson City, Mo.

Frank L. Nichols, M.D.  
Coroner of Cale Co.

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, .....

*D. M. Davis*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

*D. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *Jefferson City*

**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.**