

DEC'D JUL 20 1938

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

22107
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
 (b) Township Carthage Primary Registration District No. 3028 Registered No. _____
 (c) City Carthage (d) Street No. M. Cune - Provis 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. 154 Carthage St. Clay (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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 6 - 1849

7. AGE YEARS 88 MONTHS 9 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ret.
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Monter, Mo.

FATHER 13. NAME Gardner Clay

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) W. I. Clay, 154 Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Western DATE 6-8-38

19. FUNERAL DIRECTOR (ADDRESS) Clay, Carthage

20. FILED June 7, 1938 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1938

22. I HEREBY CERTIFY That I attended deceased from _____ to _____

I last saw him alive on June 7, 1938 Death is said to have occurred on the date stated above, at 12:30 am 6/7/38
 The principal cause of death and related causes of importance were as follows:

Accidental death by fall off of porch
Fractured skull
 Date of onset 1860

Other contributory causes of importance: Smile dementia

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury _____ 19____

Where did injury occur? Jasper, Jasper Co, Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall off of porch
 Nature of injury Fractured skull

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

If so, specify _____

(Signed) W. Winchester Parson M. D.
 (Address) Jasper, Mo.

STATEMENT BY LICENSED EMBALMER

I, Edwards, Licensed Embalmer No. 222

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Edwards

Licensed Embalmer No. 222

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)