

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.

Dr. Haw

MAY 22 1939

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

15983
Do not use this space.

1. PLACE OF DEATH
- (a) County St. Francois Registration District No. 775
- (b) Township Berry Primary Registration District No. 6020-A Registered No. 34
- (c) City Bonne Terre Mo (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 Ronald Edward David
- (a) Residence, No. Bonne Terre 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 16, 1939</u>				
7. AGE	YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>			
	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) (STATE OR COUNTRY) <u>Bonne Terre Missouri</u>				
FATHER	13. NAME <u>Frank E. David</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>R-1 Bonne Terre Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Mabel Landolt</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>R-1 Bonne Terre Missouri</u>			
17. INFORMANT (ADDRESS) <u>Frank E. David Bonne Terre Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maven Chapel</u> DATE <u>April 28</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Benham Ind Co Bonne Terre Mo</u>				
20. FILED <u>April 28, 1939</u> <u>N. W. Hawkins</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 16, 1939 to April 26, 1939

I last saw him alive on April 26, 1939. Death is said to have occurred on the date stated above, at 8 P. m.

The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 4-26-39

Other contributory causes of importance: 138

Name of operation Circumcision Date of 4-25-39

What test confirmed diagnosis? Clinical. Was there an autopsy? Yes

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? No
If so, specify _____
(Signed) Maxim J. Haw, Jr. M. D.
(Address) Bonne Terre, Mo.

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

A. J. Claywell

or by

Registered Apprentice No., working under my personal supervision.

Signed

A. J. Claywell

Licensed Embalmer No.

370

P. O. Address

Donnell Street Mo

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.