

DEC 14 1937

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

40607
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 50
(b) Township mt. Pleasant Primary Registration District No. 5074 Registered No. 76
(c) City (d) Street No.
(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 Adolphus Hill O'Rear

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 5, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Hill O'Rear

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1938, to Nov 5, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 13, 1860

I last saw him alive on Nov 4, 1937 Death is said to have occurred on the date stated above, at 7 A. m.

7. AGE YEARS 76 MONTHS 10 DAYS 22 If LESS than 1 day, hrs. or min.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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

Date of onset

Butler Paralysis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bourbonville Indiana

Other contributory causes of importance: gla

FATHER 13. NAME Alias O'Rear

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

Name of operation Chloroform Date of Nov 5
What test confirmed diagnosis? Was there an autopsy? no

MOTHER 15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

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)

17. INFORMANT (ADDRESS) Mrs Hill O'Rear Butler mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Dick Hill DATE Nov 7, 1937

Manner of injury
Nature of injury

19. FUNERAL DIRECTOR (ADDRESS) Butlers Butler mo

24. Was disease or injury in any way related to occupation of deceased? If so, specify
(Signed) J. A. [Signature], M. D.

20. FILED Nov 7, 1937 Anna H Culver Local Registrar.

(Address) Butler

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, Harry G. Newell, Licensed Embalmer No. 3111
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Myself
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Harry G. Newell
Licensed Embalmer No. 3111

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.)