

REC'D APR 19 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Moniteau*  
Township *Lincoln*  
City *436* (No. *436*)

Registration District No. *574*  
Primary Registration District No. *227A*

File No. *11605*

Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Harry Nansol Childress*

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 *Bora Childress*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 31 - 1889*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
*49 7 5*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
9. Industry or business in which work was done, as silk mill, 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) *Missouri*

13. NAME *Thomas Childress*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Carolina*

15. MAIDEN NAME *Martha Brzindine*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT *William H. Childress*  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Bethel Cem* DATE *4-7-1939*

19. UNDERTAKER *Albert Hornbeck*  
(ADDRESS) *Prairie Home Mo*

20. FILED *Apr 11, 1939* *Wm H. Childress*  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-6-1939*

22. I HEREBY CERTIFY, That I attended deceased from *4-3-39* to *4-6-39*, 19*39*

I last saw him alive on *4-4-39* Death is said to have occurred on the date stated above, at *89* m.

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

*Pneumonia* Date of onset *4-3-39*

Other contributory causes of importance *Cerebral Hemorrhage* *1904*

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*39*

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? \_\_\_\_\_

If so, specify *W. H. Childress*, M. D.

(Signed) *W. H. Childress* (Address) *Prairie Home Mo*

