

FILED MAY 2 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH13965  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Carroll Registration District No. 139  
 (b) Township Washington Primary Registration District No. 5203  
 (c) City Dawn (rural) (d) Street No. 1 St. 0  
 (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Milford H. Timbrook

(a) Residence, No. Carroll County 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 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 Myrtle Timbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
50 8 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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 40

12. BIRTHPLACE (CITY OR TOWN) Dawn, (STATE OR COUNTRY) Mo

FATHER 13. NAME George Timbrook,

14. BIRTHPLACE (CITY OR TOWN) Carrallton (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Julia Heins

16. BIRTHPLACE (CITY OR TOWN) Carrallton, (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs Myrtle Timbrook (ADDRESS) Dawn, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Enon Cem DATE 4-19-42

19. FUNERAL DIRECTOR (NAME) Funeral Home (ADDRESS) Braymer, Missouri

20. FILED Apr. 20 1942 Mrs Edger Smith Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16 1942

22. I HEREBY CERTIFY, That I attended deceased from

Colonel call, 1942, to Colonel call, 1942.

I last saw h Colonel call, 1942. Death is said to have occurred on the date stated above; at Colonel call m.

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

Carbolic Acid poisoning  
by self-infliction

Date of onset

Other contributory causes of importance:

1637

Name of operation

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 suicide Date of injury 4-16, 1942

Where did injury occur? R.R. Dawn, Mo  
 (Specify city or town, county, and State)

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

on his farm

Manner of injury

Nature of injury Carbolic Acid poisoning

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

If so, specify

(Signed) Edward P. Smith, D.O. Colonel

(Address) Tina, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

5010-5-19-38 I X16005

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.

RECEIVED

District Health Officer No. 8,

District File Number .....

No. 5-6-42 .....

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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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Ernest L. Mead*

Licensed Embalmer No. 2801.....

P. O. Address *Daymer*.....

**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.**