

MAR 24 1930

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

Do not use this space.

85-a

1. PLACE OF DEATH

County Barton

Registration District No. 40

File No. _____

Township _____

Primary Registration District No. 4024

Registered No. 10

City Lamas (No. _____)

St. _____ Ward _____

2. FULL NAME

Nathan Aye

(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)

Widowed

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

Lucretia Aye

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

4-15-1837

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

92

2

0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Navy Aye

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pa

12. MAIDEN NAME OF MOTHER

Mary James

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Wales

14. INFORMANT

(Address)

Mrs Anna Farout
Lamas, Mo.

15. FILED

3-5-1930

A. J. Mynatt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29th 1930, to Jan. 30th 1930 that I last saw him alive on Jan. 30th 1930, and that death occurred, on the date stated above, at 7:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Older. Hemorrhage

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Samuel R. Curwood, M. D.

, 19 1930 (Address) Lamas, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Lake Cemetery

Feb 1 1930

20. UNDERTAKER

ADDRESS

W. H. Kovantz

Lamas, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

6
2
2

1

2

8

for Howard

