

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

Do not use this space.

26212

1. PLACE OF DEATH

County Madison Registration District No. 1160 File No. _____
 Township Central Primary Registration District No. 4470 Registered No. 97
 City University (No. 7249, Dorset Ave) St. _____ Ward _____

2. FULL NAME

Emory Jay
 (a) Residence, No. 7249 Dorset 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Bessie M. Jay</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 4 - 1866</u>		
7. AGE YEARS <u>65</u>	MONTHS <u>3</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Christian Science Practitioner

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) Illinois

13. NAME Jay

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

15. MAIDEN NAME Leggett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Forest Jay
7249 Dorset

18. BURIAL, CREMATION, OR REMOVAL PLACE Walhalla Cemetery DATE July 31, 1931

19. UNDERTAKER (ADDRESS) C. R. Rupton & Son's
12449 Olive St.

20. FILED July 30, 1931 Hena V. Moller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/29, 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:20 am.

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

Chronic Myocarditis
9350
 Other contributory causes of importance: _____
None

Name of operation _____ Date of _____
 What test confirmed diagnosis? Med. hist. Was there an autopsy? No

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) John O. Leggett M. D.
 (Address) Laurel St. St. Louis, Mo.

7/30/31

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.

AUG 29 1931

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