

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

Do not use this space.

**19146**

**1. PLACE OF DEATH**

County Cass  
Township Austin  
City Archie (No. \_\_\_\_\_)

Registration District No. 147  
Primary Registration District No. 5210

File No. \_\_\_\_\_  
Registered No. 14  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Cyrus Day

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>65</u>	<u>10</u>	<u>18</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	11. Total time (years) spent in this occupation _____
	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) _____	

12. BIRTHPLACE (CITY OR TOWN) Austin, Mo.  
(STATE OR COUNTRY) Cass Co.

FATHER: 13. NAME William W. Day  
14. BIRTHPLACE (CITY OR TOWN) Kennesse  
(STATE OR COUNTRY)

MOTHER: 15. MAIDEN NAME Lucy Manning  
16. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. S. Day Archie Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Austin DATE June 16 1933

19. UNDERTAKER (ADDRESS) Atkinson & Eastels Archie Mo

20. FILED June 16 1933 Dr. B. B. Lout  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14 1933

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1933, to June 14, 1933  
First saw him alive on June 14, 1933 Death is said to have occurred on the date stated above, at 6 P. m.  
The principal cause of death and related causes of importance were as follows:

Heart's Paralysis  
du to neuritis of the  
brachial plexus and  
the cervical plexus  
Date of onset 6/10/33

Other contributory causes of importance: J. P.

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\_\_\_\_  
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 \_\_\_\_\_  
(Signed) B. B. Lout, M. D.  
(Address) Archie Mo.

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.

JUN 21 1933

