

N.B.—Every CAUSE OF DEATH in plain language is very important.

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

Do not use this space.

1. PLACE OF DEATH

County *Wright*

Registration District No. *907*

Township *Blount Valley*

Primary Registration District No. *4548*

City *Ne*

6200

St. _____ Ward _____

File No. *22994*

Registered No. *20*

2. FULL NAME *James D. Avery*

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(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 *m*

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 *Mary C. Avery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 21-1860*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 4 6

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT *Mrs. Chas. Crain*
(ADDRESS) *Manfield mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Gravedell* DATE *June 17, 1934*

19. UNDERTAKER *E. C. Butler*
(ADDRESS) *Manfield mo*

20. FILED *July 7, 1934* *Amos C. Roy*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 8, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *May 1, 1934*, to *June 8, 1934*

I last saw him alive on *June 1, 1934*. Death is said

to have occurred on the date stated above, at *1 P.* m.

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

Intestinal nephritis - see yr.

Other contributory causes of importance:

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) *J. A. Furson* M. D.

(Address) *Manfield mo*

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: James D. Querry
Who died at St. Louis on June 8 - 1934
Residence: No. St.
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years Months Days
Sex M Color or race W Single, married, widowed or divorced:

Date of birth Age: Years 74 Months 4 Days 6

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 12 Year 1933
Birthplace (State or country)
Birthplace of father (State or country)
Birthplace of mother (State or country)
Principal cause of death: Interst. nephritis Chronic!

Other contributory causes of importance
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?
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
Was disease or injury in any way related to occupation of deceased?
If so, specify
Name of physician
Address of physician
Signature of Registrar

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 907

Primary Reg. Dist. No. 4548

Special Agent.

y.c.

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