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

Do not use this space.

24234

1. PLACE OF DEATH

County Henry

Township Clinton

City Clinton

Registration District No. 347

Primary Registration District No. 3018

File No.

Registered No. 96

St. Ward)

AUG 13 1934

2. FULL NAME Harry DeLoss Fay

(a) Residence, No. 804 60 Main St. 4th Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1888

7. AGE YEARS 45 MONTHS 8 DAYS 24 If LESS than 1 day, ...hrs. or ....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Asst Bank Cashier

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) 7-26-34

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater Kansas

13. NAME Frank C. Fay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Former Co New York

15. MAIDEN NAME Lydia Finley

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

17. INFORMANT (ADDRESS) Arthur C Fay Manhattan Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Tarkio Mo. DATE 7-28, 34

19. UNDERTAKER (ADDRESS) John Davis Tarkio Mo

20. FILED 8-6 1934 J R Hainline Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 34

22. I HEREBY CERTIFY, That I attended deceased from July 26th 1934 to 19

I last saw h— alive on July 26 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: Was run over or caused by being struck by a truck as he was crossing the highway in his private car

Date of onset

Other contributory causes of importance: None

Name of operation Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 26 1934

Where did injury occur? In Clinton Hen. Co. 4th St.
(Specify city or town, county, and State)

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

Manner of injury Struck by Truck

Nature of injury Rupture of Abdominal Muscles

24. Was disease or injury in anyway related to occupation of deceased? No

If so, specify Going on his way to his work.

(Signed) W. T. Jennings M.D.

(Address) No Comfer Henry Co. Mo.
Clinton Mo.