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

Do not use this space.
44146

JAN 10 1935

1. PLACE OF DEATH
91 County Ripley — Registration District No. 751
Township Thonde — Primary Registration District No. 5990
File No. 13
Registered No. 1278
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James A. Ainley

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 yrs. 11 mos. 6 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17 1924

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
10	11	6	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None
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) Hannell / Mo

FATHER
13. NAME Homer Ed Ainley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maynard Ark

MOTHER
15. MAIDEN NAME Stella Choate
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maynard Ark

17. INFORMANT (ADDRESS) Father

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kennedy Cem DATE Dec 24 1934

19. UNDERTAKER (ADDRESS) Neal Taylor, Mo.

20. FILED Dec 24, 1934 C. B. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on See Slip, 19..... Death is said
to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion See Slip attached	

Other contributory causes of importance:
Fright and Physical Exhaustion See Slip Attached

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 12/23, 1934
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Along County road
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) J M Davidson, M. D.
(Address) Naylor 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.

Naylor Mo 12/23/34

The deceased James A Auley was brought to my office, dead. Rigor Mortis having already set up, this was 10.50 PM 12/23/34. Made physical Examination, for evidence of Violence and could find none. Made Examination of Heart for faint action, none could be detected. I opened his Eyes tried for Reflex by suddenly flashing bright light in front no action. Noted the extreme dilation of Pupils and the Staring look of the eye. History as far as could learn, he had been running away from supposed assailants, running at top speed about ½ mile. This with the Horror Stricken me to believe he died of Collapse and Fear. In my opinion about 3½ to 4 hours Previous. J.M. Davidson MD

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.

JAN 19 1935

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH
County Ripley Registration District No. 737 File No. 65
Township Thomas Primary Registration District No. 5990 Registered No. 605
City Naylor (No. St. Ward)

2. FULL NAME James Alexander Ainley
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 1924

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
10	10	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child at
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Harviell (STATE OR COUNTRY) Butler Co. Mo

FATHER
13. NAME H. E. Ainley
14. BIRTHPLACE (CITY OR TOWN) Maynard, (STATE OR COUNTRY) Randolph Co. Ark

MOTHER
15. MAIDEN NAME Stella Choate
16. BIRTHPLACE (CITY OR TOWN) Maynard (STATE OR COUNTRY) Randolph Co. ~~Mo~~ Ark

17. INFORMANT H. E. Ainley (ADDRESS) Naylor, Mo.
18. BURIAL, CREMATION, OR REMOVAL Rescue Cem. PLACE Harviell, R.R. DATE Dec. 25 1934
19. UNDERTAKER Mrs. M. Gish (ADDRESS) Naylor Mo
20. FILED 1/10 1934 H. Ewbit Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 23 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23 1934, to Dec 23 1934
I last saw h... alive on never, 19...... Death is said to have occurred on the date stated above, at 7 P.m.

The principal cause of death and related causes of importance were as follows: Date of onset
Status lymphaticus with thymic death due to fright made by two drunk persons (supposed to be) making threats they were going to kill him

Other contributory causes of importance:
Diagnosis made by autopsy
Real large thymus gland spleen etc.

Name of operation none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 fright
Nature of injury no bodily injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) H. Ewbit, M. D.
(Address) Naylor Mo

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