

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.

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

Do not use this space.

APR 2 1935

4233

1. PLACE OF DEATH

County Adair Registration District No. 10-67 File No. ....  
Township Walnut Primary Registration District No. 5-009 Registered No. ....  
City Yacaw (No. ....) St. .... Ward (No. ....)

2. FULL NAME

Ralph B. Mcvay  
(a) Residence, No. R 7-D #2 St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Natural City 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 Emma S. Mcvay  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-1907  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or min. 27 1 21

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. none  
10. Date deceased last worked at this occupation (month and year) 1-22-35 11. Total time (years) spent in this occupation. 27

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

13. NAME John Mcvay

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

15. MAIDEN NAME Martha Burchett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Born on a boat on the Mo. River

17. INFORMANT Leta Melby Halley (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Carmel DATE Feb 26 1935

19. UNDERTAKER W. N. McCallum (ADDRESS) South East

20. FILED 49 1935 Ray Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-22 1935  
22. I HEREBY CERTIFY, That I attended deceased from 2-22 1935 to 2-22 1935  
I last saw him alive on 2-22-35 Death is said to have occurred on the date stated above, at 12:50 p.m.  
The principal cause of death and related causes of importance were as follows:

Rupture of left ventricle of heart

Other contributory causes of importance: 920

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

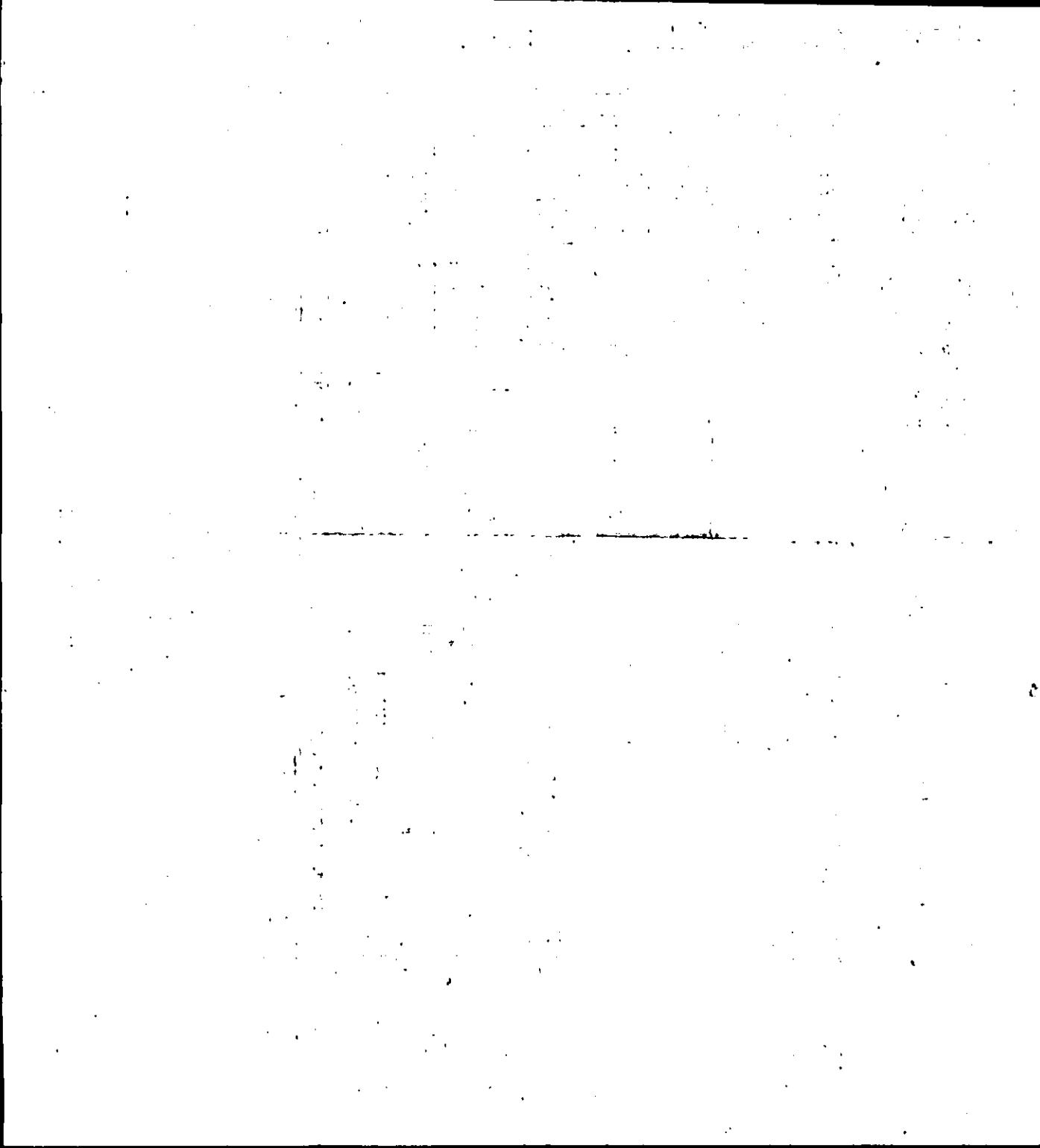
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W. A. Reynolds M. D.  
(Address) Yacaw Mo.

Autopsy performed by Dr. Geo. Grim M. D. of Ruskville Mo. provided



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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Adair  
Township .....  
City ..... (No. ....)

Registration District No. 1067  
Primary Registration District No. 5009

File No. ....  
Registered No. .... St. .... Ward)

**2. FULL NAME**

Ralph R Mc Joy

(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31, 1877

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

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

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 4. 9. 25 - Ray Douglas Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from  
, 19, to, 19.  
I last saw him alive on, 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

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) , M. D.

(Address)

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 26 1933

1933

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