

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

(Do not use this space.)

'SEP 18 1935'

25457

1. PLACE OF DEATH

County Adair Registration District No. 3
 Township Wilson Primary Registration District No. 5004
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Susan McVay
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 2 16
 OCCUPATION 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 _____

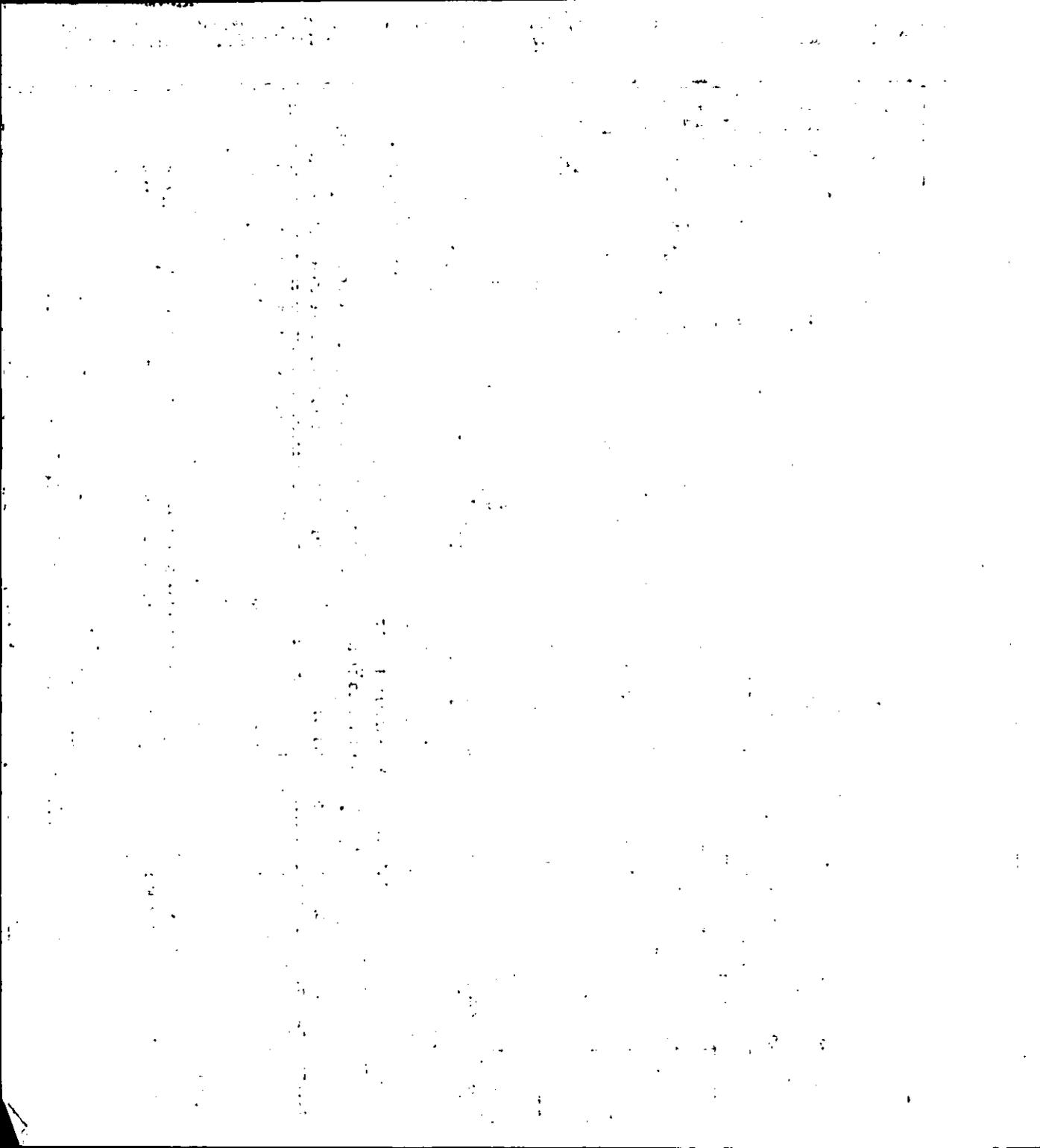
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 1935
 22. I HEREBY CERTIFY, That I attended deceased from August 22, 1935, to August 23, 1935
 I last saw him alive on August 23, 1935 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Scald from boiling water
Accidental
 Date of onset 10/3
 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) H. M. Humphrey, M. D.
 (Address) Brashear, Mo.

12. BIRTHPLACE (CITY OR TOWN) Newtown (STATE OR COUNTRY) Illinois
 MOTHER 13. NAME John McVay
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
 15. MAIDEN NAME Anna Winget
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) _____
 17. INFORMANT Mrs. C. F. Taylor (ADDRESS) Brashear, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery DATE Aug 25, 1935
 19. UNDERTAKER F. R. East (ADDRESS) Brashear, Mo.
 20. FILED Aug 25, 1935 Alveta Collins Registrar.

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**

ALL INFORMATION
HEREON MUST BE WRITTEN
IN INK
THIS SUPPLEMENTARY SPACE

1. PLACE OF DEATH

County Adair
Township Wilson
City _____ (No. _____, _____ St. _____ Ward _____)

Registration District No. 3
Primary Registration District No. 5004

File No. _____
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1937

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

HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 yr. hrs. or min. 83 2 6

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

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 _____

Scald from boiling water pulled Kettle from stove, spilled water on floor, fell and lay in water for some time

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____

13. NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Aug 22 1937

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

Where did injury occur? Country home, Gibbs, Mo. (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

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

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury fell in boiling water

PLACE _____ DATE _____ 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED Aug 25 1937 Alveta Collins Registrar

If so, specify _____

(Signed) H. M. Humphrey, M. D.

(Address) Bracehead Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

TEMPORARILY

OCT 18 1935

S-25487