MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No. 4802
Township — Primary Registration District No. 3001 — Registered No. 36
City Kirksville (No. , St. Ward)

2. FULL NAME Melissa C. Lay
(a) Residence, No. 1217 E. Harrison St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F.
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 Martin Lay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-10-1865
7. AGE YEARS 72 MONTHS 1 DAYS 10 If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME Isaac Forbes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Catherine Smallwood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Pearl Arnold 1217 E. Harrison
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Harmony DATE Feb. 22 1937
19. UNDERTAKER (ADDRESS) Dee Riley Funeral Home Kirksville Mo
20. FILED Feb. 22 1937 Spencer Meeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20, 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan, 1937, to Feb 20, 1937
I last saw her alive on Feb 20, 1937. Death is said to have occurred on the date stated above, at 10 30 p.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Catarhal (Bronchial) — Date of onset
Other contributory causes of importance: Influenza
Name of operation — Date of
What test confirmed diagnosis? Bhagalee 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) L. J. Conner, M. D.
(Address) Kirksville Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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