

JUN 2 1 1937

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

Do not use this space.

1. PLACE OF DEATH

County Harrison  
Township Jefferson  
City W. Va. (No. 9)

Registration District No. 334  
Primary Registration District No. 5467

File No. 20147  
Registered No. 43  
St. \_\_\_\_\_ Ward \_\_\_\_\_

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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 4 17

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. Stock & Grain

10. Date deceased last worked at this occupation (month and year) December 1934 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marlinton, W. Va.

13. NAME William Jay

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Myrtle Hatten, No. \_\_\_\_\_, \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Chapel DATE May 13 37

19. UNDERTAKER (ADDRESS) R. Gagnon & Son, No. \_\_\_\_\_, \_\_\_\_\_

20. FILED 5-27- 1937 W. L. Wendling Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to May 8, 1937  
I last saw him live on May 8, 1937. Death is said to have occurred on the date stated above, at 4:00 a.m.  
The principal cause of death and related causes of importance were as follows:

Arteriosclerotic Nephritis

Date of onset

Other contributory causes of importance:

arteriosclerosis

Name of operation Nil Date of \_\_\_\_\_  
What test confirmed diagnosis? Eggs 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? Yes  
If so, specify \_\_\_\_\_

(Signed) W. L. Wendling, M. D.  
(Address) Ridgeway, Mo.

13212

**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 Harrison Registration District No. 334 File No. 20147  
 Township Jefferson Primary Registration District No. 5467 Registered No. 43  
 City                      (No.                     ) St.                      Ward                     

**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**

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)                     

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 17

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 8-11- 1927 A. R. Wenzling Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11, 1937

22. I HEREBY CERTIFY, That I attended deceased from                      to                     , 1937

I last saw h..... alive on                     , 1937. 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:

Interstitial nephritis (chronic) Date of onset                     

131  
 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) Jas. H. Snarkoway, M. D.

(Address) Ridgeway

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