

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

107 JUL 31 1937

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

Do not use this space.

25093

1. PLACE OF DEATH

County Jay County  
Township Pisano  
City Jay (No. \_\_\_\_\_)

Registration District No. 863  
Primary Registration District No. 6137

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

2. FULL NAME Aubrey McCommac

(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 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 \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
35 17

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) 1st day of April 1937 11. Total time (years) spent in this occupation his life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Mo.

MOTHER 13. NAME Marion McCommac

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard, Mo.

15. MAIDEN NAME Lucy Begley

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

17. INFORMANT Delia Burke (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Honey Cemetery Stoddard Mo. DATE April 24 1937

19. UNDERTAKER Virgil Evans (ADDRESS) Stoddard

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 22 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14 1937 to April 22 1937  
I last saw him alive on April 22 1937 Death is said to have occurred on the date stated above, at 8:30 P.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance: 108

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) W. P. Herron, M. D.

(Address) Houston, Mo.

July 2, 1937

Dr. W. F. Herron  
Houston, Missouri

Dear Doctor Herron:

Enclosed is a supplemental to the death certificate of Aubrey McCommas, whose death occurred April 22, 1937, in Texas county. You signed the medical certificate of death.

We are undecided which Texas county registrar should be credited with this certificate, and we will greatly appreciate your writing in the township in which the death occurred. I am enclosing a list of the Texas county registrars and their districts.

Thanking you for your early attention to this matter, I am

Yours very truly,

Frances Idol  
Assistant State Registrar

FI:L  
Encl.

By direction of Dr. Harry F. Parker, State Registrar.