

NOV 24 1937

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

Do not use this space.

38917
38917

1. PLACE OF DEATH

County *Schuyler*
Township *Salt River*
City *Queen City, Mo.* (No.)

Registration District No. *804*
Primary Registration District No. *6049*

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. 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 *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) *Ella Lay*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 24, 1955*

7. AGE YEARS *82* MONTHS *4* DAYS *18* If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farming*
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) *Adair County, Missouri* (STATE OR COUNTRY)

MOTHER 13. NAME *W. R. Lay*

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

15. MAIDEN NAME *Sarah Yador*

16. BIRTHPLACE (CITY OR TOWN) *Don't know* (STATE OR COUNTRY)

17. INFORMANT *Roy Lay* (ADDRESS) *Greenleaf, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Harmony* DATE *10-13* 1937

19. UNDERTAKER *L. O. Young* (ADDRESS) *Greenleaf, Mo.*

20. FILED *Oct 14* 1937 *This or Greenleaf* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct 12* 1937

22. I HEREBY CERTIFY, That I attended deceased from *May 14* 1937, to time of death, 19... I last saw him alive on *5-15* 1937. Death is said to have occurred on the date stated above, at *5:30 A.M.*

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

Chronic Insufficiency

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? *No* If so, specify (Signed) *W. H. A. J. J. J.* M. D. (Address) *Greenleaf, Mo.*

N.B.—Every item of information should be carefully supplied. Age should be stated exactly. If official's signature is required, it should be in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

95B

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7.

38917

Do not use this space.

1. PLACE OF DEATH

(a) County Schuyler Registration District No. 804
 (b) Township Salt Spring Primary Registration District No. 6044 Registered No. _____
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Lewis Lay

(a) Residence, No. _____ St. 0
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1937

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
82 4 18

Cerebral Insufficiency Date of onset _____

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

Mitral Stenosis
 Other contributory causes of importance: 92a -

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. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 15, 1937 Chas. Ordof No.
 Local Registrar.

SUPPLEMENTARY

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

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

