

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.

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Aitchison

Registration District No. 20

Township

Primary Registration District No. 4014

City Jarvis

(No. _____)

File No. 44532

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____

(Usual place of abode)

St. _____

Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nancy Jane McCarty</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18-1860</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>237</u>			
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____			
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Union Ohio</u>			
	13. NAME <u>Geo Mowery</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
	15. MAIDEN NAME <u>Margaret Lieberd</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
17. INFORMANT <u>Mrs Nancy J. Mowery</u> (ADDRESS) <u>Jarvis Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home Cemetery</u> DATE <u>Aug 5 1937</u>				
19. UNDERTAKER <u>J. M. Davis</u> (ADDRESS) _____				
20. FILED <u>Aug 3 1937</u> <u>O. W. Vaughn</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 3 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1937, to Aug 3 1937
I last saw alive on Aug 3 1937 Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Strained Heart
Date of onset _____

Other contributory causes of importance:
8201

Name of operation no 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? no 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) B. E. Munn Acting Registrar
(Address) Jarvis, Mo.

