

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

Do not use this space.

3628

1. PLACE OF DEATH
 77 County Ozark Registration District No. 645
 Township Briggs Primary Registration District No. 5854
 City (No. _____) St. _____ Ward _____

2. FULL NAME Johnie Maura Dry 1000
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1938

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 6 P. m.
 The principal cause of death and related causes of importance were as follows:

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 _____

asphyxiated
 Date of onset _____

Other contributory causes of importance: _____

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

FATHER
 13. NAME Dora Dry

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER
 15. MAIDEN NAME Virgie Pearl White

23. If death was due to external causes (violence), fill in also the following:
 Accidental, suicide, or homicide? _____ Date of injury _____, 19____.

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Dora Dry Maumath MO

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maumath MO DATE June 13 1938

Manner of injury _____

Nature of injury _____

19. UNDERTAKER (ADDRESS) Jack Barker Maumath Mo.

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. E. Pace, M. D.

20. FILED June 21 1938 J. T. White Registrar.

(Address) Baineville MO.

Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH