

REC'D JUN 14 1938

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

Do not use this spacer

1. PLACE OF DEATH

County Adair
Township Walnut
City Youngtown (No. 1)

Registration District No. 1067
Primary Registration District No. 5-009

File No. 17567
Registered No. 3
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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 26 1871</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>2</u>
		DAYS
		<u>25</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>Farmer</u>	
	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
		<u>1</u>
		<u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
FATHER	13. NAME <u>Lewis C. Mahley</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Annie C. Stogdill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>D. J. Mahley</u>		
(ADDRESS) <u>Youngtown, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Mount Carmel</u> <u>May 22 1938</u>		
19. UNDERTAKER <u>W. H. M. Collins & Son</u>		
(ADDRESS) <u>South Street, Youngtown</u>		
20. FILED <u>5-31</u> 19 <u>38</u> <u>Roy Douglas</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 5/17 1938 to 5/19 1938
I last saw him alive on 5/19 1938. Death is said to have occurred on the date stated above, at 7 p. m.
The principal cause of death and related causes of importance were as follows:
Pneumonia
Catasthal type.
Date of onset _____

Other contributory causes of importance: 107a-

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. C. Munn M. D.
Youngtown, Mo.
(Address) _____

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.

