

REC'D SEP 19 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County AndrainRegistration District No. 26File No. 28208Township Salt RiverPrimary Registration District No. 3022Registered No. 112City Mexico Mo(No. Andrain Hospital)

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 317 E. Lane 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

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 OFMrs. Mamie (Brown) May

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

Apr. 6 - 1877

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

61415

## OCCUPATION

## 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired Fireman R. R.

## 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. 30 yrs

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

White Oak Ky

## MOTHER

## 13. NAME

Samuel J. May

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

White Oak Ky

## 15. MAIDEN NAME

Mary Reed Rawer

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

White Oak Ky

## 17. INFORMANT (ADDRESS)

Mrs. Geo. Phasquest Independence Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Mexico Mo DATE Aug. 23 1938

## 19. UNDERTAKER (ADDRESS)

W. C. Shetterly 202 Mexico Mo

## 20. FILED

Aug 23 1938 Blanche Keely Registered

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

Aug 1 1938, to Aug 21 1938I last saw him alive on Aug 21 1938. Death is saidto have occurred on the date stated above, at 7:15 m.

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

myocarditis chy.Galeblar insufficiency ch. cordis470

Other contributory causes of importance:

chole cystitis.chy. pneumonitis withfibrosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) R. S. Williams, M. D.23 (Address) Mexico Mo

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.

RECEIVED

District Health Officer No. 10

District File Number 10-38-117

Date Filed 9-15-38