

REC'D OCT 7 1938

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

32433
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408
(b) Township Carthage Primary Registration District No. 3039 Registered No. _____
(c) City Carthage (d) Street No. McCune Branch Hospital St. _____
(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 Lawrence Lewis Du Bry 160

(a) Residence, No. Route 2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Meredith Du Bry

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 0 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee
9. Industry or business in which work was done, as saw mill, bank, etc. Carthage Marble Corporation
10. Date deceased last worked at this occupation (month and year) June, ago 11. Total time (years) spent in this occupation. 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Loop City Missouri

FATHER 13. NAME George Du Bry 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Elegg Wilburn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

17. INFORMANT (ADDRESS) Mrs. Meredith Du Bry
Route 2 - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Park Cemetery DATE Sept. 10 1938

19. FUNERAL DIRECTOR (ADDRESS) Knee Martusay
Carthage, Missouri

20. FILED Sept. 9, 1938 E. J. McIntire, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7 1938

22. I HEREBY CERTIFY, That I attended deceased from August 18, 1938 to Sept 7, 1938
I last saw him alive on Sept 7, 1938. Death is said to have occurred on the date stated above, at 10:05 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
Influenza 821
Other contributory causes of importance:
Influenza 821
Date of onset 9-7-38
Aug 18, 1938

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? _____
If so, specify _____
(Signed) Homer E. Boyd _____, M. D.
Carthage Mo
(Address) Carthage

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. 6,
District File Number 6-38-275
Date Filed 10-5-38

STATEMENT BY LICENSED EMBALMER

I, J. W. Knell, Licensed Embalmer No. 814
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. W. Knell
Licensed Embalmer No. 814

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)