

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.

DECE NOV 18 1938

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

35545

Do not use this space.

1. PLACE OF DEATH

(a) County Rekalf Registration District No. 259
(b) Township Canaan Primary Registration District No. 4158 Registered No. _____
(c) City Maysville (d) Street No. _____ 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

CHARLES - AVERY
(a) Residence, No. Maysville 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
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Avery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 - 1857
7. AGE YEARS 80 MONTHS 10 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laforee
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

13. NAME John Avery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs Iva Payne
Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mound City DATE Oct 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bary - Wylie
218 South 10th St. St. Joseph

20. FILED 10-26 1938 Ethel B. Roper
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 10 1938, to Oct 25 1938
I last saw him alive on Oct 24 1938 Death is said to have occurred on the date stated above, at 3:20 a. m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset ?

Other contributory causes of importance:

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 ? 1938
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) Chas. R. Reynolds
(Address) Maysville, Mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

W. E. Ryan

, or by

Registered Apprentice No....., working under my personal supervision.

Signed

W. E. Ryan

Licensed Embalmer No.

3613

P. O. Address

St. Joseph, Mo.

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.)

If this body is not embalmed, above space should be left blank.