

DEC 14 1938

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

39065

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 957
(b) Township Jackson Primary Registration District No. 5392 Registered No. 12
(c) City Leury, Mo. (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 Lyla Ann Ausley

(a) Residence, No. _____ 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 Female 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 John Ausley
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 21
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. house wife
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) Senlevau Mo.
13. NAME Jack Alsip
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leury, Mo.
15. MAIDEN NAME Julia Hicks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Senlevau Mo.
17. INFORMANT (ADDRESS) Mrs. C. S. Fry -
18. BURIAL, CREMATION, OR REMOVAL PLACE Senlevau DATE 10-20-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) _____
20. FILED _____ 19 _____ Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18, 1938

22. I HEREBY CERTIFY, That I attended deceased from

8-27, 1938 to 10-18, 1938I last saw her alive on 10-18, 1938 Death is saidto have occurred on the date stated above, at 8:00 a.m.

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

Paralysis Acute
apoplexy

Date of onset

Other contributory causes of importance:

Hypertension 250/120
Chronic Nephritis

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) J. G. Gentry, M. D.(Address) Leury 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.

Miss Gentry

RECEIVED

District Health Officer No. 6,

District File Number 6-38-157

Date Filed DEC 13 1938

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, _____, or by _____

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

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

39065-
Do not use this space.

1. PLACE OF DEATH

(a) County Douglas Registration District No. 957
 (b) Township Jackson Primary Registration District No. 3392 Registered No. 12
 (c) City (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 Lydia Ann Owsley

(a) Residence, No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Owsley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House
 9. Industry or business in which work was done, as saw mill, bank, etc. wife
 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) Denlow Missouri

13. NAME Jack Alsup

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

15. MAIDEN NAME Julina Wells

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

17. INFORMANT (ADDRESS) Mrs. O. J. Fry

18. BURIAL, CREMATION, OR REMOVAL PLACE Denlow DATE 10-20-1938

19. FUNERAL DIRECTOR (ADDRESS) Faye Thornton

20. FILED Jan. 18, 1939 Faye Thornton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18-1938

22. I HEREBY CERTIFY, That I attended deceased from 8-7-18, to 10-18-1938, 1938
 I last saw him alive on 10-18-1938. Death is said

to have occurred on the date stated above, at 5 p. m.
 The principal cause of death and related causes of importance were as follows:

Paralysis due to apoplexy Date of onset
Hypertension
Chc. Insp. Carditis

Other contributory causes of importance:

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 J. L. Denton, M. D.
 (Signed) ava (Address) mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

DUPLICATE

