

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.

JAN 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County Clark

Registration District No. 192

Township Revere

Primary Registration District No. HITS

City Revere (No. 3)

42740

File No.

Registered No.

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

2. FULL NAME Vernon Oval Christy

(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 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 Wina Christy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 4 21

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. labor

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gorin Mo.

13. NAME Charles R. Christy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revere Mo.

15. MAIDEN NAME Emma Hardy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Revere Mo.

17. INFORMANT (ADDRESS) Mrs. Emma Hardy  
Revere Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Revere Co. DATE Dec. 8 1938

19. UNDERTAKER (ADDRESS) Guttings Und.  
Kahoka Mo.

20. FILED Dec. 8 1938 J. L. McNeill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 5 1938

22. HEREBY CERTIFY, That I attended deceased from Nov 10 1938 to Dec 5 1938

I last saw him alive on Dec 1 1938 Death is said to have occurred on the date stated above, at 3:30 P.M.

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

Cancer  
Acute Nephritis  
Date of onset 5/19/14

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 \_\_\_\_\_

(Signed) J. L. McNeill M. D.  
J. P. Euzoz Registrar.

*File 305-6-704*

RECEIVED

District Health Officer No. 10

District File Number 10-38-854

Date Filed 1/12/39