

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

44281
Do not use this space.

1. PLACE OF DEATH

(a) County Ray
(b) Township Cassidy
(c) City Country R.F.D.
(e) Length of residence in city or town where death occurred 613 yrs. mos. ds.

Registration District No. 739Primary Registration District No. 5974

Registered No. _____

(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Jane Proffitt

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
77 11 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Ray Co Mo.13. NAME Anderson Elliott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.15. MAIDEN NAME Emaline Youngblood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.17. INFORMANT (ADDRESS) Lonnie Proffitt
Richmond R.F.D.18. BURIAL, CREMATION, OR REMOVAL
PLACE Elliott Cemetery Ray Co DATE Jan 28 193819. FUNERAL DIRECTOR (ADDRESS) Chas. Beck
Brick Mo20. FILED Feb 3 1938 M. D. Midella
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 193822. I HEREBY CERTIFY, That I attended deceased from May 2 1937 to Jan 26 1938

I last saw him alive on Jan 24 1938 Death is said to have occurred on the date stated above, at 3:00 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetes

Date of onset

59

Other contributory causes of importance:

Diabetic gangrene of both feet

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 _____, 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) P. D. Green, M. D.(Address) Richmond Mo

1825

STATEMENT BY LICENSED EMBALMER

I, Ch Gibson, Licensed Embalmer No. 2299
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me Ch Gibson
L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Ch Gibson
Licensed Embalmer No. 2299

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.)