

REF. JAN 18 1939

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

Do not use this space.

44295

1. PLACE OF DEATH  
 39 County Ray Registration District No. 744  
 Township Richmond Primary Registration District No. 5976B  
 City Henrietta Co. Mo. (No. 2) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If nonresident, give city or town and State)

2. FULL NAME  
John Clay Happy  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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) Widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 11 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer

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) Hardin Mo.

13. NAME Eliga Happy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Marcella Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT Mrs. Maybelle Adkins (ADDRESS) Norborne Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE Dec. 28, 1938

19. UNDERTAKER E. Thurman (ADDRESS) Richmond Mo.

20. FILED 1-1 1939 Marjorie McDonald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8:30 A.M. Dec. 26, 1938, to 10:45 A.M. Dec. 26, 1938  
 I last saw him alive on Dec. 26, 1938. Death is said to have occurred on the date stated above, at 10:45 A.M.  
 The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance:  
8221

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? No.  
 If so, specify \_\_\_\_\_  
 (Signed) M. Adkins, M. D.  
 (Address) Norborne Mo.

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 8,

District File Number

112/39

Date Filed