

REC'D FEB 21 1939

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

1512
Do not use this space.

1. PLACE OF DEATH

(a) County Barry Registration District No. 34
(b) Township Essex Primary Registration District No. 6239 Registered No. 1
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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

(a) Residence, No. Walter May 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 11, 1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, . hrs. or min.
0 0 0 0 11
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
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) Barry County 0
(STATE OR COUNTRY) Missouri 0

13. NAME Mark R. May
14. BIRTHPLACE (CITY OR TOWN) Barry County 0
(STATE OR COUNTRY) Missouri 0

15. MAIDEN NAME Clara Anderson
16. BIRTHPLACE (CITY OR TOWN) Barry County 0
(STATE OR COUNTRY) Missouri 0

17. INFORMANT Mark R. May
(ADDRESS) Route 1, Essex, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE 1/12 1939

19. FUNERAL DIRECTOR (NAME) Koon Funeral Home
(ADDRESS) Cassville, Missouri

20. FILED Jan. 12, 1939 Mrs. H. P. Searey
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12, 1939
22. I HEREBY CERTIFY That I attended deceased from at birth, 19____
I last saw him alive on at birth, 19____. Death is said to have occurred on the date stated above, at h.i.a. m.
The principal cause of death and related causes of importance were as follows:

Critic Heart
34

Other contributory causes of importance:

Father Positive
mother negative with pregnancy

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) E. O. McLaughlin, M. D.
(Address) Cassville, Mo.

RECEIVED

District Health Officer No. 6,

District File Number

6-39-396

Date Filed

FEB 17 1939

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.