FEB 23 1939

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

2 309

2252
Do not use this space.

1. PLACE OF DEATH
(a) County Gentry — Registration District No. 309
(b) Township — Primary Registration District No. 4185 — Registered No. 4
(c) City Albany — (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 James Erateris McCrary
(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: 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 Bessie Newman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6, 1888

7. AGE: Years 50 | Months 5 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as saw mill, bank, etc. Employee
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Gentry County (STATE OR COUNTRY) Missouri

FATHER
13. NAME Benj. McCrary
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Carolyn Monger
16. BIRTHPLACE (CITY OR TOWN) Gentry Co. (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. James McCrary (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview DATE Jan. 25, 1939

19. FUNERAL DIRECTOR Brooks Funeral Home (ADDRESS) Albany, Mo.

20. FILED Jan. 24, 1939 W. T. Martin Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 23rd, 1939, to Jan 23rd, 1939
I last saw him alive on Dec 23rd, 1939. Death is said to have occurred on the date stated above, at 11:20 m. P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Spleno Medullary Leukaemia	Several years

Other contributory causes of importance:
Don't know

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) W. S. Campbell, M. D.
(Address) Albany, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

X12004

STATEMENT BY LICENSED EMBALMER

I, C. Lafayette Brooks, Licensed Embalmer No. 3329

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed C. Lafayette Brooks

Licensed Embalmer No. 3329

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.)