

REC'D FEB 24 1939

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

2989
Do not use this space.

1. PLACE OF DEATH

(a) County MACON Registration District No. 533
 (b) Township _____ Primary Registration District No. 2027 Registered No. 4
 (c) City MACON (d) Street No. Samuelson Hospital 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 MARY JAMES

(a) Residence, No. Bevier, Mo 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 16 - 1850

7. AGE YEARS 88 MONTHS 9 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DOMESTIC
 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) SO. WALES 4

FATHER 13. NAME DAVID EVANS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SO. WALES 4

MOTHER 15. MAIDEN NAME MARY EVANS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SO. WALES 4

17. INFORMANT MARGARET JAMES (ADDRESS) BEVIER, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE BEVIER DATE JAN 28 1939

19. FUNERAL DIRECTOR H. E. Edwards (ADDRESS) BEVIER, MO

20. FILED 1/28 1939 Bevier, Missouri Local Registrar. 478

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 6, 1938 to Jan. 25, 1939
 I last saw him alive on Jan. 25, 1939 Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Pylorus (Stomach) with stenosis.

Date of onset about 6 mos duration

Other contributory causes of importance: Hb

Name of operation _____ Date of _____
 What test confirmed diagnosis? X-ray gastroscopy 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? _____
 If so, specify _____ (Signed) J. J. Conway, M.D. (Address) MACON, MO

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-117

Date Filed FEB 8 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)