REC'D MAR 20 1939

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

Do not use this space.

File No. 5735

Registered No. 48

1. PLACE OF DEATH
County: Adair
Township: Benton
City: ..... (No. ..... St. ..... Ward)
Registration District No. 4
Primary Registration District No. 5005

2. FULL NAME: Harold Eugene Lay
(a) Residence, No. Greentop, Mo. St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 20, 1922

7. AGE: Years 16 | Months 6 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Greentop, Mo.

FATHER
13. NAME: Roy Lay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Adair Co., Mo.

MOTHER
15. MAIDEN NAME: Bertha Tucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Schyler Co., Mo.

17. INFORMANT (ADDRESS): Roy Lay

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greentop Cemetery DATE: Mar. 6, 1939

19. UNDERTAKER (ADDRESS): Davis Funeral Home, Kirksville, Mo.

20. FILED: March 6, 1939 Spencer L. Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dead on Arrival, 19..... I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at about 8:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of Skull & internal injuries	3/4 D.O.A.
above caused by collision of car & truck, both going	

Other contributory causes of importance:
same direction, car ran into rear of truck

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? Accident Date of injury 3-4, 1939
Where did injury occur? Highway 63 north of Kirksville Adair Co (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury: see above
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) C. D. Davis D.O. Coroner, M. D.
(Address) Kirksville, 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 10-39-257
Date Filed MAR 10 1939