

REC'D MAR 17 1939

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

6811  
Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 408  
 (b) Township 1 Primary Registration District No. 3020 Registered No. 29  
 (c) City Carthage (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 46 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 523 Car 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 (writes the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
82 10 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter  
 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) Greenfield, Missouri

13. NAME Samuel Gay

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. M. Gay  
523 Car Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookside Cem. DATE Feb. 11, 1939

19. FUNERAL DIRECTOR (ADDRESS) Kneel Mortuary  
Carthage, Mo.

20. FILED Feb. 10, 1939 E. J. McEntire, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1927, to 2-9-39, 19\_\_\_\_  
 I last saw him alive on Jan. 10, 1939. Death is said to have occurred on the date stated above, at 4:00 P.M.  
 The principal cause of death and related causes of importance were as follows:

Chronic Brights Disease Date of onset \_\_\_\_\_

Other contributory causes of importance: 131

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) H. E. Claffer, M. D.

(Address) 110 E. 4th St. Carthage, Mo. 865

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. 6,

District File Number 6-39-571

Date Filed MAR 10 1939

STATEMENT BY LICENSED EMBALMER

I, Ernest R. Stuebe

Licensed Embalmer No. 391

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 Ernest R. Stuebe

Licensed Embalmer No. 391

**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.)**