WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

LLOD APR 18 1939

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

Do not use this space.

9985

1. PLACE OF DEATH
County Benton — Registration District No. 64 — File No.
Township Union — Primary Registration District No. 5701 — Registered No. 1
City (No. , St. Ward)

2. FULL NAME Mrs. Ellen McVay.
(a) Residence, No. 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 Female
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 Jas. D. McVay.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
62	11	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
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) Cassville Missouri

FATHER
13. NAME Abraham Burns
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Connecticut

MOTHER
15. MAIDEN NAME Arminta Kirkpatrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Jas. D. McVay - Edwards Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Post Oak Cem. DATE 3-11, 1939

19. UNDERTAKER (ADDRESS) E. M. White Warsaw Mo.

20. FILED Mar 13, 1939 M. C. Watson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1934, to 3-10, 1939
I last saw her alive on May 1, 1937. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1930
Other contributory causes of importance:	
Chronic Nephritis	1934

Name of operation — Date of
What test confirmed diagnosis? Clinical 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) James T. Logan, M. D.
(Address) Warsaw Mo.

RECEIVED
District Health Officer No. 7,
District File Number 7-39-S-43
Date Filed 4-13-39