

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.

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

REC'D APR 13 1939

11751
Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 617
 (b) Township White Cloud Primary Registration District No. 5-818 Registered No. 3
 (c) City _____ (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

456 Cyrus Francis Golay
 (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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Adaline Golay
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 11 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farm Laborer
 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) Elmo, Mo.

FATHER 13. NAME Geo. Golay

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER 15. MAIDEN NAME Mary Snodderley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Wm. Golay Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE La Mare Cemetery Mar. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bridg Funeral Home Maryville Mo.

20. FILED 4/1/39 Chas. D. Humboldt Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 28, 1939 to Mar 28, 1939
 I last saw him alive on 10/27/39 Death is said to have occurred on the date stated above, at 11 a. m.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach (Date of onset) 7/38
 Other contributory causes of importance: Hb

Name of operation None 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? _____ 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? no
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) Nodaway County Health Dept

RECEIVED

District Health Officer No. 111

District File No. 2. 39-346

Filed APR 12 1936

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

John W. Price

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John W. Price

Licensed Embalmer No. 3229

P. O. Address

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.)

If this body is not embalmed, above space should be left blank.