

REC'D MAY 19 1939

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

15881
Do not use this space.

1. PLACE OF DEATH
 (a) County RANDOLPH Registration District No. 735
 (b) Township _____ Primary Registration District No. 3034 Registered No. 75
 (c) City MOBELY (d) Street No. WOODLAND HOSPT 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. 19 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 600 CHARLES LESLIE DRY
 (a) Residence, No. JEFFERSON HOTEL, PARIS, Mo. St. PARIS, Mo.
 (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 (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 21, 1871

7. AGE YEARS 68 MONTHS 1 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETAIL LIQUOR DEALER
 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) MAR. 1939 11. Total time (years) spent in this occupation 4

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.
 13. NAME ELZEA DRY
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.

MOTHER 15. MAIDEN NAME JENNIE WRIGHT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE Co., Mo.

17. INFORMANT Mrs. C. L. DRY (ADDRESS) PARIS, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE APR. 17 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) SPEED & BLAKEY PARIS, Mo.
 20. FILED Apr. 16, 1939 Seah Williams Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 16, 1939.

22. I HEREBY CERTIFY, That I attended deceased from MARCH 28, 1939, to April 16, 1939. I last saw him alive on April 15, 1939. Death is said to have occurred on the date stated above, at 2:50 a.m. The principal cause of death and related causes of importance were as follows:
Coronary thrombosis (ant) Date of onset Apr. 12
946

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? None 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? No
 If so, specify _____
 (Signed) W. Williams _____, M. D.
 (Address) MOBELY, Mo.

N.B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

District Health Officer No. 10

District File Number 10-39-9-19
Date Filed MAY 18 1939

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, _____

_____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address _____

Paris, Mo.

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.