

DEC'D MAY 19 1939

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

16319

Do not use this space.

1. PLACE OF DEATH

(a) County Sullivan ² Registration District No. 853
(b) Township 1 Primary Registration District No. 4516 Registered No. 11
(c) City Harris (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

246 Nemie May McClary
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Thomas McClary</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 21 1884</u>			
7. AGE	YEARS <u>54</u>	MONTHS <u>5</u>	DAYS <u>2</u>
If LESS than 1 day, _____ hrs. or _____ min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home wife</u>		
	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) <u>Murder Co, Mo.</u>			
FATHER	13. NAME <u>James Walker</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
MOTHER	15. MAIDEN NAME <u>Ruth Susan Ruth</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT (ADDRESS) <u>Thomas M. McClary Harris</u>			
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Fairly</u> DATE <u>4-26</u> 19 <u>39</u>			
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Martin F. Jones Princeton Mo</u>			
20. FILED <u>4-26</u> 19 <u>39</u> <u>Mrs. Ruth Tucker</u> Local Registrar. <u>768</u>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-23 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1-39 to 4-23-39
I last saw her alive on 4-23-39 at 6 P. Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia Date of onset 4-20-39
influenza 3-15-39
chronic endocarditis - 1920

Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis _____ As 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) W. W. ...
(Address) Harris, Missouri

RECEIVED

District Health Officer No. 10

District File Number

10-39-954
MAY 10 1939

Date Filed

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,

N. Joan Martin

or by

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

Signed

N. Joan Martin

Licensed Embalmer No.

3760

P. O. Address

Princeton 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.