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.

50M-10-22-38 I X9314

OCC'D JUL 14 1939

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

Do not use this space.

21431

1. PLACE OF DEATH
4 County Audrain
4 Township Salt River
2 City Mexico Mo (No. ..... St. ..... Ward)

Registration District No. 26
Primary Registration District No. 3002

File No. .....
Registered No. 82

2. FULL NAME Mary Gay
(a) Residence, No. 715 Davis St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: about 69 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Work
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): Missouri

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 9

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Jim Gay Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Elmwood Mexico Mo DATE: 6-6 1939

19. UNDERTAKER (ADDRESS): A. L. Rey Kold Mexico Mo

20. FILED June 5, 1939 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-4, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1939, to 6-4-39, 19....
I last saw her alive on 6-4-39, 19.... Death is said to have occurred on the date stated above, at 1:10 PM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
93C	

Other contributory causes of importance:
Cardiac Asthma

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) N. J. Ector, M. D.
(Address) Mexico, Mo.

23

RECEIVED
District Health Officer No. 10
District File Number 7-39-1207
Date Filed JUL 10 1939