

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

Do not use this space.

40453

**1. PLACE OF DEATH**

County Demiseot 2 Registration District No. 653  
Township Brayga Lodge Primary Registration District No. 5891  
City 634 Oliver C. Hartley No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 98

**2. FULL NAME**

(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. 2 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mattie Hartley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-24-61

7. AGE YEARS 17 MONTHS 9 DAYS 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Labor  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Day Labor  
10. Date deceased last worked at this occupation (month and year) 10-2-9 11. Total time (years) spent in this occupation 1 yr

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) No history 9

MOTHER 13. NAME Not history 9

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) 9

15. MAIDEN NAME Not history 9

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) 9

17. INFORMANT Dewey Randolph  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE County Farm DATE 10/15 1939

19. UNDERTAKER Supt Farm  
(ADDRESS)

20. FILED Oct 15 1939 Pearl Kelley 941 (Address) Christy Jones  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1939, to \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on Oct 7 1939 Death is said to have occurred on the date stated above, at 2a m.  
The principal cause of death and related causes of importance were as follows:

apoplexy  
stroke  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? Health Officer  
If so, specify. Fred L. Cybovic (Signed) \_\_\_\_\_, M. D.  
(Address) Christy Jones

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.

RECEIVED

District Health Officer No. 3,

District File Number 1239-7

Date Filed 12/11/39