

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FILED MAR 18 1940

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

6806
Do not use this space.

1. PLACE OF DEATH
 (a) County Neosho Registration District No. 384
 (b) Township West Plains Primary Registration District No. 4227 Registered No. _____
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 29 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 625 Mary Snow Nayau
 (a) Residence, No. 103 Jackson St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX fd 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tracie Nayau

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOT KNOWN

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

FATHER 13. NAME Geo M Dorris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

MOTHER 15. MAIDEN NAME Burch Elizabeth Carlton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co Mo

17. INFORMANT Steve Dorris
 (ADDRESS) West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE West Plains Mo DATE Jan 5 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. P. Roberts, D. Robinson
West Plains Mo

20. FILED 2-20 1940 Vida W. SIMONS
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4 1940

22. I HEREBY CERTIFY, That I attended deceased from 12-31- 1939, to 1-3 1940
 I last saw her alive on 1-3 1940 Death is said to have occurred on the date stated above, at 9 A m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia Lobar Bilateral Date of onset 12-20-39
105

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? exam 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) E. Royce Bohrer M. D.
 (Address) West Plains, Mo
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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.

I X16605

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.

RECEIVED
District Health Officer No. 5,

District File Number 340248

Date Filed 3.8.49

Signed.....

Licensed Embalmer No.....

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.