FILED JUN 4 1940

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

19080
Do not use this space.

1. PLACE OF DEATH
(a) County MERCER
(b) Township MORGAN
(c) City PRINCETON
Registration District No. 556
Primary Registration District No. 4328
Registered No. 26
(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 36 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
520

2. PRINT FULL NAME JAY C. LOMAX
(a) Residence, No. 500 COLEMAN ST. PRINCETON, MISSOURI St.
(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 AIMEE E. LOMAX
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 15, 1869
7. AGE: YEARS 70 MONTHS 9 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. C.B.I. AND P. R.R.
10. Date deceased last worked at this occupation (month and year) OCT. 4, 1930
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LACLEDE, LINN COUNTY, MISSOURI

FATHER
13. NAME HENRY CLAY LOMAX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME MATILDA A. LOMAX
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) AIMEE E. LOMAX PRINCETON, MISSOURI.
18. BURIAL, CREMATION, OR REMOVAL
PLACE PRINCETON, MISSOURI DATE MAY 28, 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) NOEL LOSS PRINCETON, MISSOURI
404
20. FILED 5/27, 1940 J M Perry Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 28, 1938 to May 26, 1940
I last saw him alive on May 26, 1940 Death is said to have occurred on the date stated above, at 5 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exhaustion	15 days
Other contributory causes of importance:	
Malignant Melanoma	4 yrs
Growth in Brain, Rectum	2 days
Rt arm, Rt axilla	

Name of operation Rectoscopy + Telforonoma Date of Jan 1-40
What test confirmed diagnosis? Histologically 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) J M Perry M. D.
(Address) Princeton Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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

1 X14028

RECEIVED
District Health Officer No. 11,
District File Number 640-800
Date Filed JUN 3 1940

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 Me,

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

Signed Paul Maar

Licensed Embalmer No. 2634

P. O. Address Cimarron

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.

S. No. 2B
—2-21-40
I X22659

EVA MOORE

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19000

Registration District No. 256 Primary Registration District No. 4328 Registrar's No. 26

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Mercer
(b) City or town Princeton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location)
(e) If foreign born, how long in U. S. A.? 45a years.

3. (a) PRINT FULL NAME Jay C. Lomax
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 70 Months 9 Days 11 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 7/11-40 (Date received local registrar) (b) J M Perry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from 19..., to 19...;
that I last saw h alive on 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion — Duration 1 year
Due to malignant Melanoma Brain — Duration 1 year
Due to Rectum at arm Rt axilla — Duration 1 year
Due to melanoma rt mid arm dx 1 yr ago — Duration 1 yr ago
Other conditions (Include pregnancy within 3 months of death)
Major findings: Metastasis to Rectum - Liver
Of operation Spleen - Brain, & Lung
Of autopsy No

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. M. Perry (M. D. or other)
Address Princeton Mo. Date signed

S-19000