DEC 19 1935

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

Do not use this space.

36606

1. PLACE OF DEATH
County Linn — Registration District No. 497
Township Benton — Primary Registration District No. 4300
City Browning (No. ..... St. ..... Ward) — File No. ..... Registered No. .....

2. FULL NAME Christy, Edward Daniel

(a) Residence, No. Browning (Usual place of abode) St., ... Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Mary Ed Christy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 15 1868

7. AGE — YEARS: 67 | MONTHS: ~~Aug~~ | 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.: Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

10. Date deceased last worked at this occupation (month and year): June 1935 — 11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Browning

FATHER

13. NAME: Joseph C. Christy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Mary Gay

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs. Ed. Christy Browning Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Browning — DATE: Nov 6 1935

19. UNDERTAKER: L. W. Turnbull (ADDRESS): Browning Mo.

20. FILED Nov 6 1935 — Flola M. McCormick, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1935, to Nov 4, 1935

That I saw him alive on Nov 4, 1935. Death is said to have occurred on the date stated above, at 12 00 P m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Auricular fibrillation	

Other contributory causes of importance:

Probably coronary thrombosis

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? .....

If so, specify .....

(Signed) W. L. Hawkins, M. D.

(Address) Browning Mo

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.

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