

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.

REC'D DEC 16 1938

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

Do not use this space.

39299

1. PLACE OF DEATH  
County Asbury Registration District No. 347  
Township White Oak Primary Registration District No. 5495  
City Urich (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
2. FULL NAME John A. Overby  
(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 50 yrs. mos. ds. How long in U. S., if of foreign birth? 85 yrs. mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sauleta Overby  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12<sup>th</sup> 1853  
7. AGE YEARS 85 MONTHS \_\_\_\_\_ DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Notary Public  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Law, Notary work  
10. Date deceased last worked at this occupation (month and year) Aug 1938 11. Total time (years) spent in this occupation 40  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Trigg County Kentucky  
13. NAME S. M. Overby  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
15. MAIDEN NAME Margaret Reed  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
17. INFORMANT (ADDRESS) M. Overby Urich - Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Urich DATE Nov 12<sup>th</sup> 1938  
19. UNDERTAKER M. J. Brewer (ADDRESS) Urich Mo  
20. FILED 11-19-38 Do J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10<sup>th</sup> 1938  
22. I HEREBY CERTIFY, That I attended deceased from Trigg 1934 to Nov 8<sup>th</sup> 1938  
I last saw him alive on Nov 8<sup>th</sup> 1934 Death is said to have occurred on the date stated above, at 9:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Mitral Regurgitation Date of onset 3 yrs ago  
Asphyxiation 3 yrs  
Other contributory causes of importance:  
Emphysema  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical 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. F. McDougall M. D.  
(Address) Urich Mo

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RECEIVED

District Health Officer No. 7,

District File Number 7-38-452

Date Filed 12-5-38