

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

Do not use this space.

REC'D JUN 8 1939

**1. PLACE OF DEATH**

1192 County Henry  
 Township Teba  
 City Calhoun (No. ....)

Registration District No. 349  
 Primary Registration District No. 5487

File No. 18749  
 Registered No. 10  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 600 James Franklin Gary St. .... Ward. ....  
 (Usual place of abode) Calhoun PFD (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. .... 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 Bessie Cary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-27-1883

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	<u>56</u>	<u>4</u>	<u>4</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal mining  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Mo

13. NAME Martin Edward Cary

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Elizabeth Cary

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Bessie Cary (ADDRESS) Calhoun Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun Mo DATE 5-2 1939

19. UNDERTAKER F. P. Wilkinson (ADDRESS) Clinton Mo

20. FILED 5-1 1939 Mrs. A. G. Gray Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1 1939 to May 1 1939  
 I last saw him alive on May 1 1939 Death is said to have occurred on the date stated above, at 11 A. m.  
 The principal cause of death and related causes of importance were as follows:

Myxina pectoris due to chronic myxomatosis Date of onset 5/1/39  
 Other contributory causes of importance: none

Name of operation ..... Date of .....  
 What test confirmed diagnosis? history Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ..... 19.....  
 Where did injury occur? no (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify .....  
 (Signed) S. B. Hughes M. D.  
 (Address) Carver Henry Co, Calhoun, Mo

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

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.

