

SEP 28 1938

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

Do not use this space.

1. PLACE OF DEATH
 94 County St. Francois Registration District No. 773 File No. 29922
 Township St. Francois Primary Registration District No. 6018A Registered No. 107
 City (near) Farmington, Mo. State Hospital No. 4 Ward

2. FULL NAME C. M. Ary
 (a) Residence, No. Route 1, Thayer, Mo. St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Jose Thompson Ary

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1862

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>0</u>	<u>3</u>	

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 13. NAME Abraham Ary
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Jane Oberson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

FATHER
 17. INFORMANT Records of State Hospital No. 4
 (ADDRESS) Farmington, Mo.
 18. BURIAL, CREMATION, OR REMOVAL Ary Cemetery
 PLACE Thayer, Missouri DATE 8-16 1938

19. UNDERTAKER Richardson's
 (ADDRESS) Farmington, Mo.

20. FILED Aug 16 1938 T.B.R. Robinson
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 13th 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1938, to Aug 13, 1938.
 I last saw him alive on Aug 13, 1938. Death is said to have occurred on the date stated above, at 5 P. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Apoplexy) Date of onset 8-9-38
g.j.w.

Other contributory causes of importance:
Generalized arteriosclerosis with history of previous cerebral hemorrhage with marked mental deterioration

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? _____
 If so, specify _____
 (Signed) P. J. Tate M. D.
 (Address) State Hosp. #4 of Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Cause of death to be exactly supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Chas. Richardson, Licensed Embalmer No. 3167

hereby certify that the body recorded on the reverse side of this certificate was
embalmed by _____ L.E. _____

No. _____ or by _____
Registered Apprentice No. _____, working under my personal supervision.

Signed Chas. Richardson

Licensed Embalmer No. 3167

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)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

29922

Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 60-18A Registered No. 109
 (c) City (d) Street No.
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mm-0 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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 0 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 8 1938 T. J. Robinson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1938

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

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) P. F. Tate M. D.

(Address) State Hoop # 4 Farmington

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. REGISTRATION OF OCCUPATION IS VERY IMPORTANT. Exact statement of OCCUPATION is very important.

S-29922