REC'D MAR 13 1939

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

5912
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan
(b) Township
(c) City St. Joseph,
Registration District No. 85
Primary Registration District No. 1001
Registered No. 121
(d) Street No. Mercy Hospital St. Joseph, Mo. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs Lena Bay Boxx
(a) Residence, No. Clinton County, Mo. St.
(Usual place of abode, if no street address, write county or city)
Cameron, Mo.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 Widowed Unk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21st. 1869

7. AGE: Years 69 | Months 9 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

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. Housewife
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) Missouri

FATHER
13. NAME S. R. Bay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Ohio

MOTHER
15. MAIDEN NAME Mahala Longstreth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan County Ohio

17. INFORMANT Mrs M. L. Peters
(ADDRESS) Cameron, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cameron, Mo. Evergreen Cem.
DATE Feb. 6, 1939

19. FUNERAL DIRECTOR O. A. Moore,
(ADDRESS) Cameron, Mo.

20. FILED Feb. 14, 1939 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4th. 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1939, to Feb 8th, 1939
I last saw her alive on Feb 3, 1939. Death is said to have occurred on the date stated above, at 2:16 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Rectum — Date of onset

Other contributory causes of importance: 46

Name of operation Resection of Rectum Date of Jan 31, 39
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? No
If so, specify
(Signed) [signature] M.D.
(Address) 408 Corby Bldg St Joseph 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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, O A Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by O A Moore

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed O A Moore

Licensed Embalmer No. 1180

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)