

RECD MAY 18 1939

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

15837  
Do not use this space.

1. PLACE OF DEATH *Platte*

(a) County *Platte* Registration District No. *693*

(b) Township *Edgerton* Primary Registration District No. *4415* Registered No. \_\_\_\_\_

(c) City *Edgerton* (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_

(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 *007 HARRIET LEE HAY*

(a) Residence, No. \_\_\_\_\_ St.  (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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 1 - 1939*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *0 0 6*

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *None*

9. Industry or business in which work was done, as saw mill, bank, etc. *Infant*

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Edgerton Mo.*

FATHER 13. NAME *Harry Shaffer Hay* 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Edgerton Mo.*

MOTHER 15. MAIDEN NAME *Drucilla Blanch Copeland* 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Edgerton Mo.*

17. INFORMANT (ADDRESS) *Mrs. Blanch Hay Edgerton Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Union Hill Cem.* DATE *Mar. 8 1939*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Tirany K. Nash Edgerton Mo.*

20. FILED *5/9 1939* *Tirany K. Nash* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 7 1939*

22. I HEREBY CERTIFY That I attended deceased from *March 1 1939* to *March 7 1939*

I last saw her alive on *March 1 1939*. Death is said to have occurred on the date stated above, at *2 P.m.*

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

*I don't know*

*A blood test should be made of both parents*

Other contributory causes of importance: *None*

*well lived 200 days*

Name of operation *None* Date of *none*

What test confirmed diagnosis? *None* Was an autopsy? *no*

If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *March 1939*

Where did injury occur? *None* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. *none*

Manner of injury *none*

Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify *no*

(Signed) *M. H. Moore*, M. D.

(Address) *Dearborn 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.

RECEIVED  
District Health Officer No. 11-24-544  
District File Number  
Date Filed MAY 16 1939

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**