

Registration District No. 577Primary Registration District No. 5775

## 1. PLACE OF DEATH:

(a) County Moniteau 121 FEB 12 1940  
(b) City or town Fortuna (Rural)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 2

(If not in hospital or institution, write street number or location)

-(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community \_\_\_\_\_  
years, months or days Life3. (a) PRINT FULL NAME Mary C. Irely (M.O.)

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

alive dead years \_\_\_\_\_7. Birth date of deceased January 5 1863  
(Month) (Day) (Year)8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
77 2 hr. \_\_\_\_\_ min.9. Birthplace Moniteau County Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation At Home11. Industry or business House Wife12. Name William Reed Hyatt13. Birthplace Missouri  
(City, town, or county) (State or foreign country)14. Maiden name Sarah Tyler15. Birthplace Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Harold W. Drey(b) Address Fortuna Mo.17. (a) Green Grove (b) Date thereof Jan. 9-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Grove18. (a) Signature of funeral director Jessie E. Richards(b) Address Fortuna Mo.19. (a) Jan. 8 1940 (b) Nadine Lathana  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau(c) City or town Fortuna (Rural)  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7  
year 1940 hour 5 minute 30 A.M.21. I hereby certify that I attended the deceased from \_\_\_\_\_  
12:30 to \_\_\_\_\_, 19\_\_\_\_;that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

PneumoniaDue to M. M. S.

Due to \_\_\_\_\_

Other conditions 129  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy no

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

28. Signature H. R. Robison Co. Physician (M. D. or other) \_\_\_\_\_Address California Mo. Date signed 1-2-40

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**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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Jewell E. Richards  
Licensed Embalmer No. 2466  
P. O. Address Tipton, Mo

**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.**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3125  
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577  
 (b) Township Pilot Grove Primary Registration District No. 5775  
 (c) City..... (d) Street No..... 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 Mary C. Jrey

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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.  
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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

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED..... 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1960

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:

Pneumonia Date of onset

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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) H. R. Gage, M. D.

(Address) California

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
 PHYSICIANS SHOULD STATE EXACTLY SUPPLIER. DO NOT SIGN UNLESS YOU ARE A PHYSICIAN.

SUPPLEMENTARY

California  
mo

1-7-40

Dr J. F. Parker

Secy State Board of Health

This is rather a peculiar case,

Dr E. D. Wilson was treating this patient for Pneumonia and she passed away at 5:30 this A.M. and Dr Wilson passed away at 8 this A.M.

So I am signing the Death Certif in his stead, As I am Co. Physician, they did not know what-else to do only have me make out the Certif. If any thing else is necessary you can so inform us.

Yours truly

H. R. Popejoy M.D. +

County Physician of Montana  
Co mo.

Miss Latham:

Dr. Popejoy ask that you mail this letter with certificate attached to State Registrar. Thanks.

Jewell E. Richards