

APR 22 1936

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

Do not use this space.

16126

1. PLACE OF DEATH

 County Montgomery
 Township Montgomery
 City Buella (No. _____ St. _____ Ward)

 Registration District No. 592
 Primary Registration District No. 5790

 File No. _____
 Registered No. 9

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward.

 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 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 James Hensley McVey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863-9-12
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 6 20

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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 ✓
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pettis County Mo13. NAME Absolom McVey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maryland15. MAIDEN NAME Lucinda Allison16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania17. INFORMANT (ADDRESS) Franklin McVey Buella Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City, Buella Mo DATE Apr 3 193619. UNDERTAKER (ADDRESS) Montgomery City Mo20. FILED Apr 2 1936 Buella Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 193622. I HEREBY CERTIFY, That I attended deceased from April 1 1936 to April 2 1936I last saw him alive on April 2 1936 Death is saidto have occurred on the date stated above, at 2:30 a.m.

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

 1. Acute bronchitis Date of onset _____
 2. Influenza
 3. Arterio-sclerosis

Other contributory causes of importance:

 1. Asthma
 2. Bronchitis, chronic

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam 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) Buella Mendenhall, M. D.(Address) Montgomery City 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.

