

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

MAY 25 1934

13957

1. PLACE OF DEATH

County Ray
Township Richmond
City Herrilton (No. _____)

Registration District No. 744
Primary Registration District No. 5976B

File No. _____
Registered No. 53
St. _____ Ward _____

2. FULL NAME Harvey W. Happy

(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 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) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sully Cottappy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>80</u>	<u>1</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Ray Co. Mo

13. NAME Eligah Happy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray

15. MAIDEN NAME Marella Reed
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Willie Porter
Herrilton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo DATE April 24, 1934

19. UNDERTAKER (ADDRESS) W. Krupshied
Herrilton Mo.

20. FILED 4-23, 1934, E. Ray Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 1934 to _____, 1934

I last saw him alive on APR 25, 1934. Death is said to have occurred on the date stated above, at 333.

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

Chronic Pulmonary Tuberculosis
23A

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 1934

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) E. Ray M. D.
(Address) Herrilton, Mo

