

REF. JAN 18 1938

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

Do not use this space.

44295

1. PLACE OF DEATH

39 County Ray
Township Henrietta
City Henrietta Mo. (No. 2)

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

File No. _____
Registered No. 187
St. _____ Ward _____

2. FULL NAME John Clay 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beatrice Oliva Happy</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 11, 1856</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>15</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		11. Total time (years) spent in this occupation _____
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) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 8:30 A.M. Dec. 26, 1938, to 10:45 A.M. Dec. 26, 1938
I last saw him alive on Dec. 26, 1938. Death is said to have occurred on the date stated above, at 10:45 A.M.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Other contributory causes of importance: _____

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hardin Mo.</u>
	13. NAME <u>Eliga Happy</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>
	15. MAIDEN NAME <u>Marcella Reed</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Kentucky</u>
	17. INFORMANT <u>Mrs. Maybelle Adkins</u> (ADDRESS) <u>Norborne Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo.</u> DATE <u>Dec. 28, 1938</u>
	19. UNDERTAKER <u>E. Thurman</u> (ADDRESS) <u>Richmond Mo.</u>
	20. FILED <u>1-1</u> 19 <u>38</u> <u>39 Marie M. Donald</u> Registrar.

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 _____, 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) M. Adkins, M. D.
(Address) Norborne Mo.

WHITE 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.

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RECEIVED

District Health Officer No. 8,

District File Number

112739

Date Filed