

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

Do not use this space.

MAY 31 1937

File No. **17381**

1. PLACE OF DEATH
 89 County Ray Co Registration District No. 739
 1 Township Camden Primary Registration District No. 4441
 1 City Camden (No. _____) St. _____ Ward _____

2. FULL NAME Lee Stone Wall Jackson Happy
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m **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 Sophia Happy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Don't know

7. AGE YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**
2 about 75 yrs

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired
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) mo.

FATHER
13. NAME Harry Happy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

MOTHER
15. MAIDEN NAME Jean Rosell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo.

17. INFORMANT G. W. Gaines, M.D.
 (ADDRESS) Richmond, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE South Gate DATE 4/4/37

19. UNDERTAKER C. M. Joiner
 (ADDRESS) Richmond, Missouri

20. FILED 4/3/37 19 1937 M. D. Middleton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Apr 2, 1937
 I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis Date of onset 4-2-37
Chronic Pericarditis
 Other contributory causes of importance None
 Name of operation _____ Date of _____
 What test confirmed diagnosis autopsy Was there an autopsy? Yes

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) G. W. Gaines, M. D.
 (Address) Richmond, 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.

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