

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

44281
Do not use this space.

REC'D JAN 6 1938

1. PLACE OF DEATH

(a) County Ray Registration District No. 739
 (b) Township Camden Primary Registration District No. 59914 Registered No. _____
 (c) City Country R.F.D. (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 Jane Proffitt

(a) Residence, No. 613 R.F.D. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9th 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 17

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

FATHER 13. NAME Anderson Elliott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

MOTHER 15. MAIDEN NAME Emaline Youngblood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo.

17. INFORMANT (ADDRESS) Lonnie Proffitt
Richmond R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elliott Church Ray Co DATE Jan 28, 1938

19. FUNERAL DIRECTOR (ADDRESS) C. W. Schaefer
Crick Mo

20. FILED Feb 3 1938 M. D. Middlebrooks
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1937, to Jan 26, 1938

I last saw him alive on Jan 24, 1938. Death is said to have occurred on the date stated above, at 2:30 P. m.

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

Diabetes - Date of onset _____
59
 Other contributory causes of importance: Diabetes, gangrene, both feet

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? Yes
 If so, specify _____
 (Signed) P. H. Green, M. D.
 (Address) Richmond Mo

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.

1825

STATEMENT BY LICENSED EMBALMER

I, W. Gibson, Licensed Embalmer No. 2299

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. Gibson

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed W. Gibson

Licensed Embalmer No. 2299

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.)