

JUN 25 1927

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

Do not use this space.

4666

1. PLACE OF DEATH

County Lovess
Township W. 15
City Pattonburg (No. 1157)

Registration District No. 254
Primary Registration District No. 4157

File No. 5
Registered No. 5
St. Pattonburg (Ward)

2. FULL NAME

Chlois Good

(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 MEDICAL CERTIFICATE OF DEATH

3. SEX

7

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Homer Good

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Oct 6 1906

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

20

7

12

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri Co

PARENTS

10. NAME OF FATHER

Lee Northy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Geary

12. MAIDEN NAME OF MOTHER

Anna Ranganji

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Geary Co

14.

INFORMANT (Address)

Lee Northy
Pattonburg Mo

15.

FILED

May 20 1927

J. H. Baker

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

6-20-27

17.

I HEREBY CERTIFY, That I attended deceased from May 13, 1927, to May 20, 1927, that I last saw her alive on May 20, 1927, and that death occurred, on the date stated above, at 3 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septic infection following rupture of both right testis and appendix
for at least ten days prior to death

CONTRIBUTORY (SECONDARY)

145A
101B
171A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

Came from Bonmarck Mo

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WAS TEST CONFIRMED DIAGNOSIS?

yes
yes
yes

Dr. J. H. Baker, M. D.
May 29 1927 (Address) Pattonburg, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

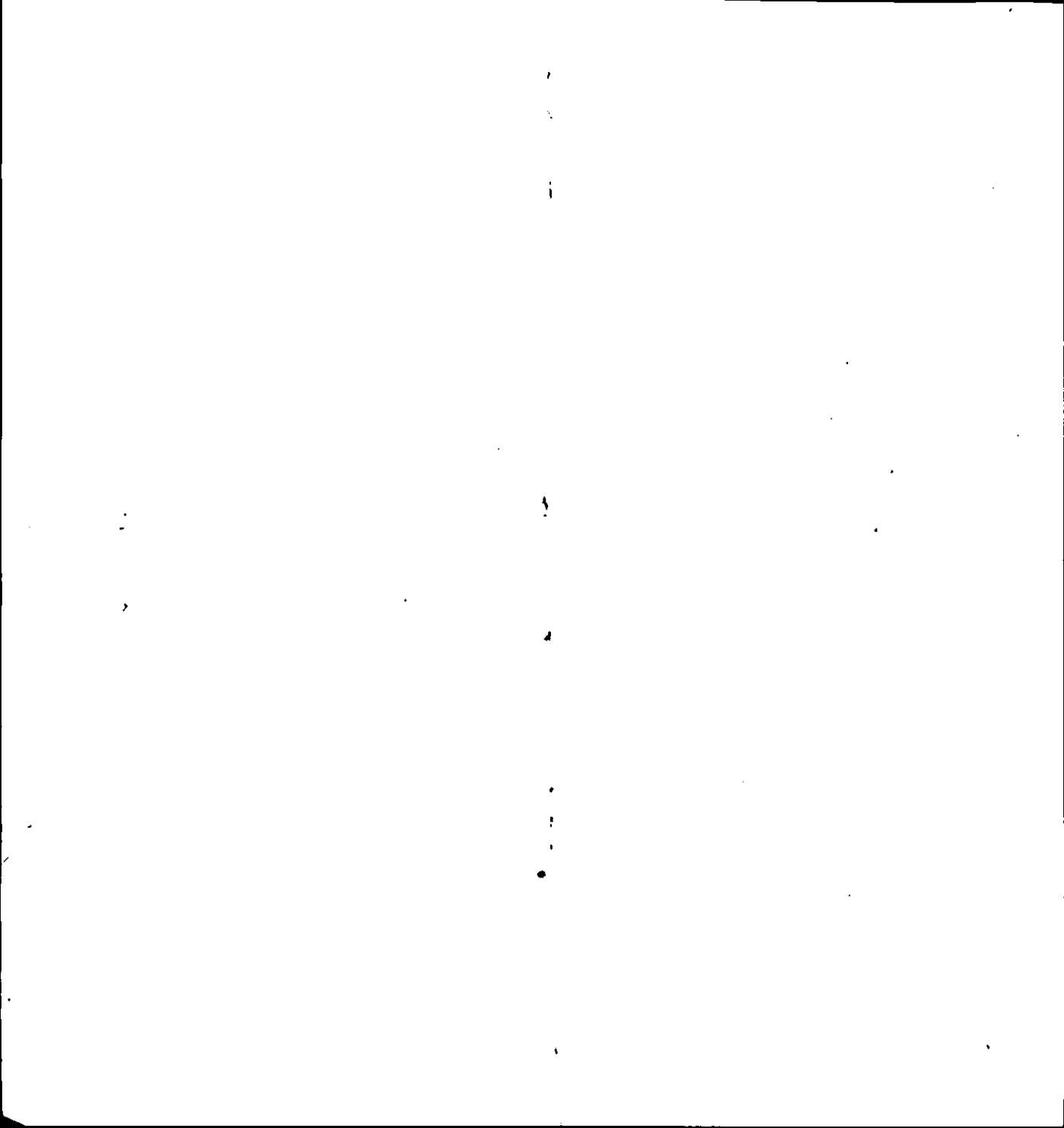
DATE OF BURIAL

M. Fall mo

ADDRESS

20. UNDERTAKER

Ed Bromer Pattonburg



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Danvers Registration District No. 254 File No.
 Township Pattonburg Primary Registration District No. 4154 Registered No. 5
 City No. St. Ward)

2. FULL NAME

Chloie Koch
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN)
 (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
 (STATE OR COUNTRY)

14. INFORMANT
 (Address)

15. John Flanker REGISTRAR
 Filed 9/14/27 19.27

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1927

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....
 that I last saw h..... alive on 19....., and that death occurred, on the date stated above at

THE CAUSE OF DEATH WAS AS FOLLOWS:

Septic infection following rupture of both rt. tubes
Appendix
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General debility
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed)....., M. D.
 , 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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