

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

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1. PLACE OF DEATH

County Howell
Township "
City West Plains

Registration District No. 384
Primary Registration District No. 4227

File No. 90
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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

3. SEX Ma- 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17-77

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
8 3 11 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Widow
(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) West Plains Mo

10. NAME OF FATHER Mr. Mayberry

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

12. MAIDEN NAME OF MOTHER Minnie Upshaw

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

14. INFORMANT (Address) Mr. Mayberry West Plains Mo

15. FILE NO. 9-26-27 REGISTRAR O. A. Kinich

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-28 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 _____, 8:30 a.m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enterocolitis
11913
158 (duration) yrs. 1 mos. 12 ds.

CONTRIBUTORY (SECONDARY) Inanition
(duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH _____

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

20. WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? Physical Symptoms
(Signed) P. A. Sparks, M. D.

*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
Swiclen Gronyard 8-29-1927

20. UNDERTAKER ADDRESS
M. Jarland West Plains

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.

26 1927

