

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

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

Do not use this space.

26765

1. PLACE OF DEATH
 County Clark Registration District No. 190
 Township Madison Primary Registration District No. 5229
 City (No.) St. Ward

2. FULL NAME Peter A. Courroy
 (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 Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED OR DIVORCED, HUSBAND OF (or) Belle Neff

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 8 26

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farming
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1927, to Sept 3 1927 that I last saw him alive on Sept 3 1927 and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Endocarditis
92B
1007B
 CONTRIBUTORY (SECONDARY) Typhoid fever
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
 IF NOT AT PLACE OF DEATH...
 DID AND OPERATIONS PRECEDE DEATH...
 WAS THERE A POSTMORTEM? no DATE OF
 WHAT TEST CONFIRMED DIAGNOSIS? Vital
Impress
 (Signed) J. W. England, M. D.
9/4, 1927 (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 Kahoka Cemetery DATE OF BURIAL 9/5 1927

20. UNDERTAKER Fred Hall ADDRESS Kahoka Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Co. Iowa

10. NAME OF FATHER Peter Courroy

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

12. MAIDEN NAME OF MOTHER Annie McEarty

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

14. INFORMANT Mrs. Belle Courroy
 (Address) Road 7104

15. FILED 9/4 27 J. P. Higgins REGISTRAR

