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

Do not use this space.

30758

NOV 2? 1927

1. PLACE OF DEATH
County Jefferson
Township Joachim
City Crystal City Mo (No. ..... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 5575

File No. .....
Registered No. 66

2. FULL NAME C Maurice
(a) Residence. No. Crystal City Mo 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: Female
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: Mose Maurice

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 16-1860

7. AGE: Years 67 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(b) General nature of industry, business, or establishment in which employed (or employer): None
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER: P LaRose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER: M E Thomure
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Genevieve
(STATE OR COUNTRY) Mo

14. INFORMANT: Ed Maurice
(Address) Crystal City Mo

15. FILED 10/12, 1927 J E Rutledge REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): October 11 1927

17. I HEREBY CERTIFY, That I attended deceased from April 21, 1927, to October 11, 1927, that I last saw her alive on October 10, 1927, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Dysentery
92 A
13 C
(duration) ..... yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Valvular Heart Disease
(duration) 1 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J J Commerford, M. D
Oct 11, 1927 (Address) Crystal City 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: Festus Mo
DATE OF BURIAL: Oct 13 1927

20. UNDERTAKER: Dunstor & Vinyard
ADDRESS: Festus 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.