

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

Do not use this space.

31342

**1. PLACE OF DEATH**

County St. Genevieve Registration District No. 780  
Township \_\_\_\_\_ Primary Registration District No. 4466  
City St. Genevieve (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 41

**2. FULL NAME** Wesley A Counts

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
9 6 23

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work County poor farm  
(b) General nature of industry, business, or establishment in which employed (or employer) private  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER Jacl Counts

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

12. MAIDEN NAME OF MOTHER Lippie Danley

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

14. INFORMANT P.A. Counts  
(Address) Missouri

15. FILED Oct 10 1927 T. W. Douglas  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 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 \_\_\_\_\_, 6 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobes Pneumonia caused by exposure  
108 (Verdict of Jury)  
194 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

9. Did an OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? \_\_\_\_\_

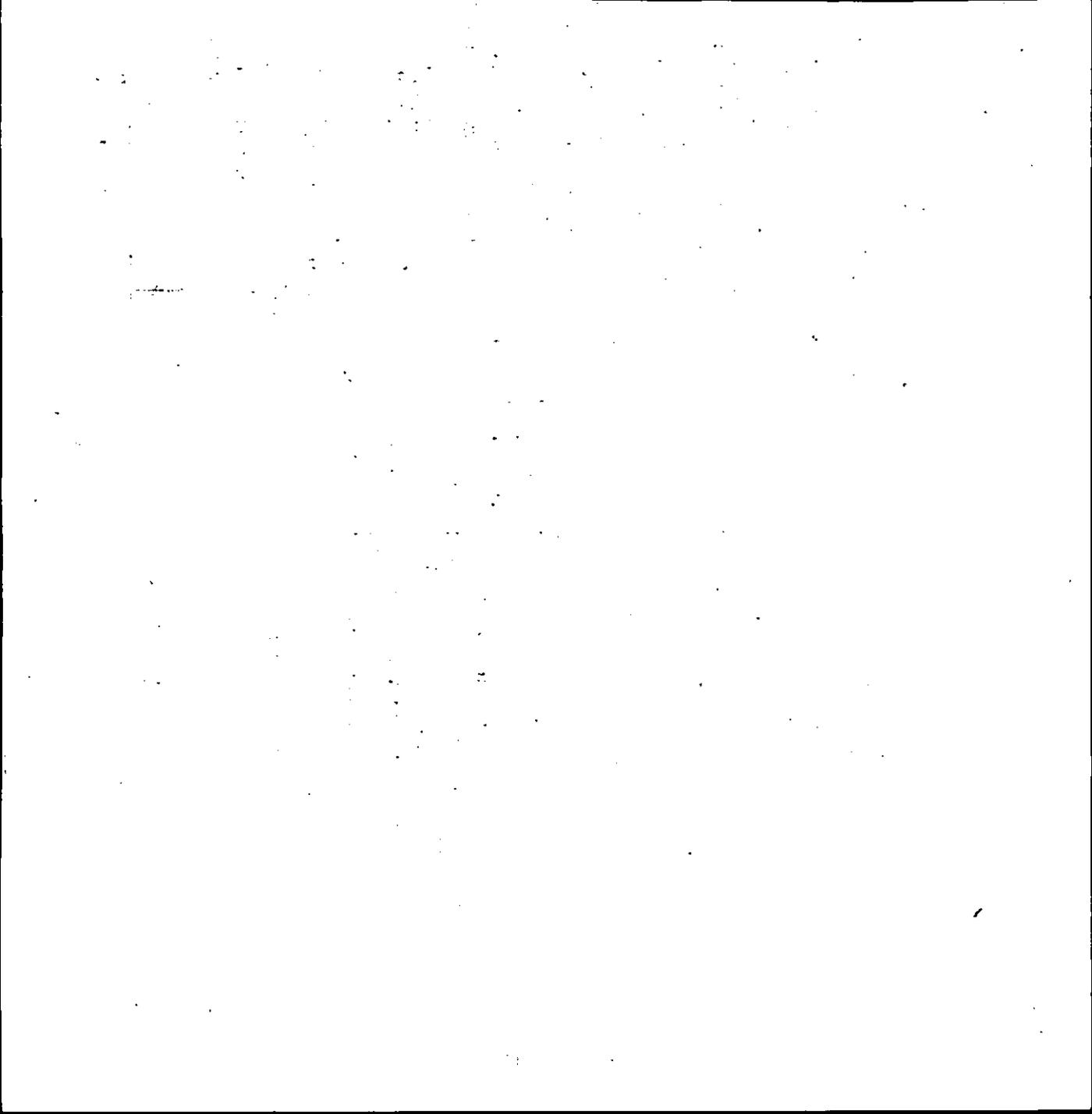
WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) John Basler coroner M.D.  
10/10 (Address) St. Genevieve Mo

\*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 St. Genevieve Mo DATE OF BURIAL 10/10 1927

20. UNDERTAKER John Basler St. Genevieve Mo  
ADDRESS \_\_\_\_\_

PARENTS



**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 St. Genevieve

Registration District No. 780

File No. ....

Township .....

Primary Registration District No. 4466

Registered No. 47

City St. Genevieve (No. ...., ..... St. .... Ward)

.....

.....

**2. FULL NAME** Wesley A Counts

(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) mar 14, 1855

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>1</u>	<u>72</u>	<u>6</u>	<u>23</u>	<u>1</u>

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.

(b) General nature of industry, business, or establishment in which employed (or employer) ..... (duration) yrs. mos. ds.

(c) Name of employer .....

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)

PARENTS

14.

INFORMANT ..... (Address)

15. FILED Oct 10, 1927 T. W Douglas REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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THE CAUSE OF DEATH\* WAS AS FOLLOWS:

..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ..... (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

19

20. UNDERTAKER ADDRESS

5-31342