

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

Do not use this space.

33317

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.

1. PLACE OF DEATH
 County Holt Registration District No. 369
 Township Craig Primary Registration District No. 42151
 City Craig, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Gideon Postwick

(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 30 yrs. 0 mos. 0 ds. How long in U.S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

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) Mrs. Alice (Varno) Postwick

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 29-1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 8 0

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

9. BIRTHPLACE (CITY OR TOWN) London,
 (STATE OR COUNTRY) Canada

10. NAME OF FATHER Burbank Postwick

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

12. MAIDEN NAME OF MOTHER Ellen Postwick

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

14. INFORMANT C. G. Postwick
 (Address) Craig, Mo.

15. FILED 11-30-1927
J. H. Davis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 29 1927

I HEREBY CERTIFY, That Gideon deceased from _____
November 27, 1927, to November 29, 1927,
 that I last saw him alive on November 29, 1927, and that
 death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia

1071A (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. O. Thomas, M. D.
1160, 1927 (Address) Craig 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 Odd Fellows Cemetery DATE OF BURIAL Dec-2-1927

20. UNDERTAKER Asa L. Schooler ADDRESS Corning, Mo.

