

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

Do not use this space.

*Slough*  
9479

**1. PLACE OF DEATH**

County Jasper  
Township Webb City  
City Webb City (No. 2)

Registration District No. 417  
Primary Registration District No. 3021

File No.                       
Registered No. 20  
St.                      Ward                     

**2. FULL NAME**

(a) Residence. No. 213rd 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 15, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>hrs.</u> or <u>min.</u>
	77	7	0	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer) Jasper  
(c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN)                       
(STATE OR COUNTRY) Ireland

PARENTS

10. NAME OF FATHER John Gorman

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

12. MAIDEN NAME OF MOTHER Bridgett Cuddey

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

14. INFORMANT Miss Nell Farrell  
(Address) Webb City Mo.

15. FILED 3-17-28 R. M. Stinson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15, 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-11-28, 1928, to 3-15-28, 1928 that I last saw                      alive on 2-13-28, 1928, and that death occurred, on the date stated above, at 11:30 A. M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral Hemorrhage  
11274a  
(duration)                      yrs.                      mos.                      ds.  
CONTRIBUTORY (SECONDARY) asthma  
(duration)                      yrs.                      mos. 10 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) W. D. Slough M.D.                       
3-15, 1928 (Address) Webb 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 Mount Hope Cem. DATE OF BURIAL 3/17 1928

20. UNDERTAKER Webb City ADDRESS Webb City 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.

25 1928

