

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

Do not use this space.
15890

1. PLACE OF DEATH

County Wernow Registration District No. 875
 Township Washington Primary Registration District No. 6762
 City Washington (No.) St. Ward)

File No. 15620-
 Registered No. 120

2. FULL NAME

(a) Residence No. State Hospital #3 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. 7 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1862 ?

7. AGE YEARS 66 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work not given
 (b) General nature of industry, business, or establishment in which employed (or employer)

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

10. NAME OF FATHER not given

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)

14. INFORMANT Co. Clerk Benton Co.
 (Address)

15. FILED 5-8-28 E. R. King
 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1, 1927, to Apr. 24, 1928 that I last saw human alive on Apr. 24, 1928, and that death occurred, on the date stated above, at 10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Arteriosclerosis
1228
971 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction
 (duration) yrs. mos. 10 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. J. O'Dell, M. D.
Apr. 24, 1928 (Address) Newada 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 State Hosp Cemetery DATE OF BURIAL April 25 1928

20. UNDERTAKER Green Funeral Home ADDRESS Newada Mo

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

File No. 15890

1. PLACE OF DEATH.

County Vernon
Township Washington
City Washington (No., St. Ward)

Registration District No. 875
Primary Registration District No. 662

Registered No.
St. Ward

2. FULL NAME J. W. Gurnee

(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) S.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Paul Knew 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day hr. min.
66 Paul Knew

8. OCCUPATION OF DECEASED

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

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

PARENTS

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)

14.

INFORMANT (Address)

15.

FILED 7-2-28 E. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 24 1928

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..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arterio Sclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRAIED

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

20. UNDERTAKER

ADDRESS

19

N. B. CAU' REGISTRAR should be carefully supplied. AGE should be at least 17. PHYSICIANS should be so that it may be properly classified. Exact status of OCCUPATION is very important. HAVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

515840

Henry J. Galt