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

Do not use this space.

File No. 27941

Registered No. 64

1. PLACE OF DEATH

County: Mississippi — Registration District No. 566

Township: Charleston — Primary Registration District No. 5762

City: Charleston (No. ..... St. ..... Ward)

2. FULL NAME: Alice McGaughy

(a) Residence. No. 7.7 Garrett Farm St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 2 yrs. 6 mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 13 1928

7. AGE — YEARS: ..... MONTHS: 2 DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Charleston
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Lee McGaughy

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Tupelo
(STATE OR COUNTRY): Mississippi

12. MAIDEN NAME OF MOTHER: Fannie Mae Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tupelo
(STATE OR COUNTRY): Mississippi

14. INFORMANT: X Lee McGaughy
(Address): X Tupelo, Mississippi

15. Filed: Aug 19th 1928 (F. D. Vernon) Registrar

MEDICAL CERTIFICATE OF DEATH

10 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-18 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1928, to Aug 18, 1928, that I last saw her alive on Aug 17, 1928, and that death occurred, on the date stated above, at 10:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ileo Colitis

1138 1138

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

CONTRIBUTORY (SECONDARY): Fa Grippe

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

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) F. D. Vernon, M. D.

8-18, 1928 (Address) Charleston 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: Oak Grove — DATE OF BURIAL: 8-19 1928

20. UNDERTAKER: Lair Und Co — ADDRESS: Charleston

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.