

DEC 26 1928

29647-1

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

Do not use this space.

96-4-7-15
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1. PLACE OF DEATH

County Barry CO
Township Wattalil
City (No.)

Registration District No. 29
Primary Registration District No. 5038

File No. 38
Registered No. 38
St. Ward

2. FULL NAME

Gustav Lory

(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) single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69

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

9. BIRTHPLACE (CITY OR TOWN) Hennrichs Landing, Ga (STATE OR COUNTRY) Georgia

10. NAME OF FATHER Karl Lory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) same as above

12. MAIDEN NAME OF MOTHER Christine Lory

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) same as above

14. INFORMANT Frank Hessig (Address) Barre, Va

15. FILED 28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) unknown

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and 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: Undies of overexertion death due to heart failure 2:00 A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2:05 W (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) J. H. Hessig, Jr., M. D. Address Barre, Va

*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 Hill DATE OF BURIAL 12/28

20. UNDERTAKER Wm. H. Bragg ADDRESS Barre, Va

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.

