

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

Do not use this space.

30210

1. PLACE OF DEATH

County Franklin

Registration District No. 318

File No. 640

Township Franklin

Primary Registration District No. 2001

Registered No. 640

City Franklin

(No. Franklin St. Franklin Ward)

2. FULL NAME

(a) Residence. No. Franklin Franklin Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe. Makorich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1 - 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 22 7 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nursing

(b) General nature of industry, business, or establishment in which employed (or employer) 716 M

(c) Name of employer

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

10. NAME OF FATHER Mike Gurock

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

12. MAIDEN NAME OF MOTHER Anna Gurock

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

14. INFORMANT (Address) Joe Makorich
Franklin

15. FILED 9-8-28 October 28 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-6-28

17. I HEREBY CERTIFY That I attended deceased from 9-6-28 to 9-6-28 that I last saw h. xx alive on 9-6-28, and that death occurred, on the date stated above, at 8 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Injuries received in
Auto Collision
Accidental
Accident on highway 66
Greene

CONTRIBUTORY (SECONDARY) 1880

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. no.

19. DID AN OPERATION PRECEDE DEATH? DATE OF no.

20. WAS THERE AN AUTOPSY? no. WHAT TEST CONFIRMED DIAGNOSIS? Coroner Inquest

(Signed) W. E. Wurdle Coroner
9/7/28 (Address) Franklin Mo.

*State the DISEASE CAUSING DEATH, or if results 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 Franklin 9-11-28

20. UNDERTAKER W. E. Wurdle ADDRESS Franklin

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.

DEPARTMENT RECORD

