SEP 24 1929

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

Do not use this space.

30375

1. PLACE OF DEATH
County Clinton — Registration District No. 205 — File No.
Township Citchison — Primary Registration District No. 4123 — Registered No.
City Gower (No. ..... St. ..... Ward)

2. FULL NAME George Harvey Filbert
(a) Residence. No. ..... St., ... Ward. Gower Mo
(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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Blanche Filbert wife

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 12, 1872

7. AGE: Years 57 — Months 3 — Days 19 — If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Geo Filbert
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Gentry Co (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Isabelle Buckridge
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Gentry Co (STATE OR COUNTRY): Missouri

14. INFORMANT: Clara Groom sister (Address): Gower Mo

15. FILED 9/1, 1929 — J. L. Guinn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 1 1929

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.... that I last saw h..... alive on found dead in bed, 19..., and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
found dead in bed
8 D.B. (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): found dead in bed (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? no disease
DID AN OPERATION PRECEDE DEATH? no DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? ✓

(Signed) John Jay Conner Clinton Co, M. D
Sept 1, 1929 (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: Allen Cemetery — DATE OF BURIAL: Sept 3 1929

20. UNDERTAKER: H A Sullins — ADDRESS: Gower Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.