

MAR 25 1930

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

Do not use this space.

4760

1. PLACE OF DEATH

County HenryRegistration District No. 349Township Jef. A.Primary Registration District No. 3-487

City..... (No.....)

File No.....

Registered No. 8

St. Ward)

2. FULL NAME

Garnett Godot Surchagen

(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

F

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)

July 27-1899

7. AGE

0

YEARS

6

MONTHS

8

DAYS

If LESS than 1 day, hrs. min.

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)

Henry Co

(STATE OR COUNTRY)

mo

10. NAME OF FATHER

H W Surchagen

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Franklin Co

(STATE OR COUNTRY)

mo

12. MAIDEN NAME OF MOTHER

Ruby Sorrelli

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Colfax

(STATE OR COUNTRY)

mo

14.

INFORMANT

H W Surchagen

(Address)

Clinton mo

15.

FILED

Feb 6 1930 Mrs. A. A. [Signature]

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 4 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 29, 1930 to Feb 4, 1930 that I last saw her... alive on Feb 4, 1930, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-Pneumonia
10 7/8158 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY)

Malnutrition

(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) E. C. Oelso, M. D.. 19 (Address) Clinton 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

DATE OF BURIAL

Englewood cemetery2/5 1930

20. UNDERTAKER

ADDRESS

Ross & SonClinton 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.

