

MAR 28 1930

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

Do not use this space.

5895

File No.
Registered No. 26
St. Ward)

1. PLACE OF DEATH

County Pemissot
Township Little Prairie
City (No.) St. Ward)

Registration District No. 681
Primary Registration District No. J-869

2. FULL NAME Earnestine Gile

(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 Female 4. COLOR OR RACE Blk 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) 12-8-1910

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 | 2 | 11 | 2 hrs. 34 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)

9. BIRTHPLACE (CITY OR TOWN) Sanatobia
(STATE OR COUNTRY) Miss

10. NAME OF FATHER Will Gile

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Holly Spr
(STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Abbie Fisher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Holly Spr
(STATE OR COUNTRY) Miss

14. INFORMANT Will Gile
(Address) Cauthersville, Mo.

15. FILED Feb. 25 1930 Ada Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 19 30

17. I HEREBY CERTIFY, That I attended deceased from
to
that I last saw h..... above on
death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary T.B.

234 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 2
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Full. C. G. H. P.
(Signed) Feb. 25 1930 (Address) Cauthersville

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SELF-KILLED, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mason cemetery DATE OF BURIAL 2-20 1930

20. UNDERTAKER Wm. Hurdick ADDRESS ville

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.

