JUN 27 1930

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

Do not use this space.

17079

1. PLACE OF DEATH
County Ray
Township Fishing Riv
City (No. , St. Ward)
Registration District No. 743
Primary Registration District No. 6237
File No.
Registered No. 11

2. FULL NAME Mrs George Ann Pointer
(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 W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1874 Sept 6

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	7	28	

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

9. BIRTHPLACE (CITY OR TOWN) Not known
(STATE OR COUNTRY) Ray County

PARENTS
10. NAME OF FATHER Geo Pointer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Kent
12. MAIDEN NAME OF MOTHER Almeta Shelton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) Ray

14. INFORMANT Paul Stewart
(Address) Richmond Mo.

15. FILED May 6 1930 L E Ellis REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from , 1925, to May 4th. 1930 that I last saw her alive on April 24th. 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy (fulminant)
(duration) a few moments yrs. mos. ds.

CONTRIBUTORY (SECONDARY) dilitation of heart
(duration) many years yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) [signature], M. D.
5/5/, 1930 (Address) Excelsior Springs 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 Salem Cemetery
DATE OF BURIAL May 6 1930

20. UNDERTAKER E Thurman
ADDRESS Richmond Mo.

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.