

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

Do not use this space.

20324

84

JUL 4 1930

**1. PLACE OF DEATH**

County Polk

Registration District No. 701

Township Wagon

Primary Registration District No. 1730

City Wagon (No. ....)

File No. 27

Registered No. ....

St. .... Ward

**2. FULL NAME**

George H. Utley

(a) Residence. No. .... St. .... Ward. ....

(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)**

widowed

**5A. IF MARRIED, WIDOWED, DIVORCED, OR SEPARATED, HUSBAND OF (or WIFE OF)**

Mary C. Utley

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

Feb 20 1845

**7. AGE**

YEARS 85 MONTHS 3 DAYS 24

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

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

Polk County Missouri

**10. NAME OF FATHER**

James Utley

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

Tenn.

**12. MAIDEN NAME OF MOTHER**

Lock

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

Tenn.

**14. INFORMANT (Address)**

E. B. Ruyke Wagon, Mo

**15. FILED**

6/15/30 J. J. Roberts REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

June 14 1930

**17.**

I HEREBY CERTIFY, That I attended deceased from June 12, 1930 to June 14, 1930 that I last saw him alive on June 13, 1930 and that death occurred, on the date stated above, at 7:30 A. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Scar Pneumonia  
10%

**CONTRIBUTORY (SECONDARY)**

101A (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) J. W. Bridges, M. D.  
6/15/30 (Address) 430 Liver 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**

Single crem DATE OF BURIAL June 15 1930

**20. UNDERTAKER**

W. B. White ADDRESS Wagon 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.

