

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

Do not use this space.

**1. PLACE OF DEATH**

County Lawrence  
Township Sumner  
City Aurora

Registration District No. 467  
Primary Registration District No. 4280  
(No. 1019 West Delta)

File No. 23415  
Registered No. 219  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Edith J. Gorman  
(a) Residence, No. 422 Madison Ave St., 1 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF N. B. Gorman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
64 0 15

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work practical nurse  
(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) Iowa

10. NAME OF FATHER Joe Davis

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

12. MAIDEN NAME OF MOTHER Ann

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

14. INFORMANT W. A. Olesky (Address) Aurora, Mo.

15. FILED Aug 9, 1930 W. W. Smart REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 31 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 22, 1930, to July 31, 1930, that I last saw her alive on July 31, 1930, and that death occurred, on the date stated above, at 4:30 p.m.

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

Carcinoma of the Colon  
460

45 192 B (duration) yrs. mos. ds. Unknown

CONTRIBUTORY (SECONDARY) Stems following exploratory operation (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF July 28-1930

2 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operative test  
(Signed) Thomas D. Miller, M. D.

, 19 (Address) Aurora, 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 Maple Park Cemetery DATE OF BURIAL 8/3 1930

20. UNDERTAKER King Funeral Home ADDRESS Aurora 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.

1930-27-511

