

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

Do not use this space.

28955

1. PLACE OF DEATH

County Washington
Township.....
City Potosi (No.....)

Registration District No. 889
Primary Registration District No. 4538

File No.....
Registered No. 58
St..... Ward.....

2. FULL NAME

(a) Residence. No..... St..... Ward.....
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Black 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) 5-6-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 17

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... none
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Potosi, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Idelle Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Potosi, Mo.
(STATE OR COUNTRY)

14. INFORMANT..... Geo. Gray
(Address)..... Potosi, Mo.

15. FILED..... 8/23, 1930 Geo. L. Shurman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-22, 1930
17. I HEREBY CERTIFY, That I attended deceased from.....
8-22, 1930, to..... 8-23, 1930
that I last saw her alive on..... 8-22, 1930, and that death occurred, on the date stated above, at..... 6:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

S. Cholera Infection
11:30

CONTRIBUTORY (SECONDARY) 11:30 (duration)..... yrs..... mos..... ds. 4 ds.
(duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo. L. Shurman, M. D.
8/23, 1930 (Address) Potosi, 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..... Potosi, Mo. DATE OF BURIAL..... 8-24, 1930

20. UNDERTAKER..... Boyer & Son ADDRESS..... Potosi

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.

