

29523-1

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

29523-1

1. PLACE OF DEATH

County Douglas
 Township Spring Creek
 City (No.) St. Ward)

Registration District No. 974
 Primary Registration District No. 5382

File No.
 Registered No.
 St. Ward)

2. FULL NAME

July Orla Cory

(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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 19, 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or min.
0 0 0 0 30

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Smallett,
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Addison Byron Cory

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lockwood,
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna Francis Phippo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Smallett,
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Anna Francis Cory
 (Address) Smallett, Mo.

15. July 31, 1931 D. J. Mackey
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 19 30, to Sept. 19, 19 30, that I last saw him alive on Sept. 19, 19 30, and that death occurred, on the date stated above, at 1:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lack of vitality
158

CONTRIBUTORY (SECONDARY)

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) Marvin Gentry, M. D.

, 19 (Address)

*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

Spring Creek Cem. Sept. 19 19 30

20. UNDERTAKER

Neighbors Smallett, 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.

AUG 26 1931

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