

DEC 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Macou
Township White
City..... (No.....).....

Registration District No. 531
Primary Registration District No. 5709

File No. 36751
Registered No.
St. Ward)

2. FULL NAME

George A Cherry

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

Married

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

Apr 18-1957

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

7. AGE

YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
73 6 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 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)

mo

10. NAME OF FATHER

Jordan Cherry

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

mo

12. MAIDEN NAME OF MOTHER

Bette Hodge

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

mo

14.

INFORMANT Ruby Oester
(Address) Ethel mo

15.

FILED 11/14 1930 J. A. Shacklett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Nov 18 1930

17.

I HEREBY CERTIFY, That I attended deceased from Oct 9, 1930, to Nov 13, 1930, that I last saw him alive on Nov 12, 1930, and that death occurred, on the date stated above, at 7:01 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Insufficiency of
92.5 Hypertrophy of Heart
Nov 13 (duration) 12 yrs. 30 mos. 1 da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol

(Signed) Jessie W. Holt M. D.

(Address) Soldiers 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

DATE OF BURIAL

Bell Cemetery Nov 14 1930

20. UNDERTAKER

ADDRESS

Heyman Ethel mo

X. E.—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.

WWW.BIRTH-ONLINE.COM INK—THIS IS A PERMANENT RECORD

