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

Do not use this space.

141848

1. PLACE OF DEATH
County: Washington
Township: Union
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 887
Primary Registration District No. 6182

File No. 17
Registered No. 90

2. FULL NAME: Charles Govero

(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: 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: Fannie Boyer

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 5/15/1863

7. AGE: Years 67 | Months 7 | Days 0 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Cadet
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Joe Govero
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Cadet
(STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Elizabeth Oslin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Cadet
(STATE OR COUNTRY): Mo

14. INFORMANT: Fannie Govero
(Address): Cadet Mo.

15. FILED: 12-16 1930 Jos. L. Thurman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 15 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1930 to Dec. 15, 1930, that I last saw him alive on Dec. 4, 1930, and that death occurred, on the date stated above, at 2:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
(duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY): Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) L. F. Trestwell, M. D
Dec 15, 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: Chapman's — DATE OF BURIAL: 12/17 1930

20. UNDERTAKER: J. B. Boyington — ADDRESS: Potosi Mo.

WRITE PLAINLY WITH UNFADING INK...THIS IS A PERMANENT RECORD

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 essential to intelligent study of mortality.

JAN 12 1931