BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 2287

Registered No. 3

Registration District No. 625

Primary Registration District No. 3031

1. PLACE OF DEATH
County: Nodaway
Township: Polk
City: Maryville (No. ..... St. ..... Ward)

2. FULL NAME: George Henry Race

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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: Mary Ann Race

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-20-1840

7. AGE: Years 90 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Columbus Co
(STATE OR COUNTRY): N. Y.

PARENTS

10. NAME OF FATHER: John D. Race

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Hudson
(STATE OR COUNTRY): N. Y.

12. MAIDEN NAME OF MOTHER: Eliza M. Delamarter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Hudson
(STATE OR COUNTRY): N. Y.

14. INFORMANT: C. T. Wiley
(Address): Maryville Mo

15. FILED: Jan 8, 1931 C. P. Fryer M.E.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-7 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1931, to Jan. 7, 1931, that I last saw h. alive on Jan. 5, 1931, and that death occurred, on the date stated above, at 12 01 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia of left side
520
(duration) — yrs. — mos. 2 ds.

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

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) W. B. Heyford, M. D
Jan. 8, 1931 (Address) Maryville, 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: Dawsonville Mo
DATE OF BURIAL: 1-9 1931

20. UNDERTAKER: Campbell Funeral Home
ADDRESS: Maryville 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 very important.