

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

Do not use this space.

4601

**1. PLACE OF DEATH**

County Boone Co Registration District No. 77  
Township Mo Primary Registration District No. 5115C  
City Columbia Post #8, St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Christy Gentry Daly

(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 all life 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 4 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
53      6      2

**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) Boone Co  
(STATE OR COUNTRY)

10. NAME OF FATHER John H Daly

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

12. MAIDEN NAME OF MOTHER Eliza Jane Boggs

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

14. INFORMANT G M. Daly  
(Address)

15. FILED 2/9 1931 Mrs Mathew Arnold  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 4 1931 to Feb 4 1931  
(that I last saw him/her alive on Feb 4 1931, and that death occurred, on the date stated above, at 9.30 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
for 65 years.  
195B  
11P (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Influenza  
(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) F B Williams, M. D.

. 19 (Address) Columbia 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 Vacaville Springs DATE OF BURIAL Feb 7 1931

20. UNDERTAKER R. W. Wier ADDRESS Columbia

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.

1302 McPherson

6253

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