

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.

MAY 27 1931

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

Do not use this space.

15310

## 1. PLACE OF DEATH

County Ralls  
Township Jasper  
City Jasper

Registration District No. 912  
Primary Registration District No. 5960 B

File No. \_\_\_\_\_  
Registered No. 15  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26, 1865  
7. AGE YEARS 76 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Center Mo.

13. NAME Henry Ashford Gore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Lane Oustadt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lavinia Utterback (ADDRESS) Waudalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laudalia DATE Apr. 9, 1931

19. UNDERTAKER H. H. Waters (ADDRESS) Waudalia

20. FILED 4/9 1931 Mallie Fugate Registrar

## 1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1931, to April 7, 1931

I last saw him alive on April 6, 1931. Death is said

to have occurred on the date stated above, at 3:30 A.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4/1/31

108 / 108

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) H. H. Bland, M. D.

(Address) Waudalia Mo

$$\begin{array}{r} 37 \\ 26 \\ \hline 11 \end{array}$$

$$\begin{array}{r} 12 \\ 31 \\ \hline 15 \\ 11 \\ 4 \end{array}$$

$$\begin{array}{r} 1931-4-7 \\ 1854 \quad 11-26 \\ \hline 76 \quad 4 \quad 11 \end{array}$$