

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

Do not use this space.

20871

1. PLACE OF DEATH
 23 County Clark Registration District No. 192
 Township Street Home Primary Registration District No. 5267
 City Vra Sheridan Christy (No.) St. (Ward)

2. FULL NAME Vra Sheridan Christy
 (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.

File No.
 Registered No.
 St. (Ward)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 1-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 3 22
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Piano tuner
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22 1931
 17. I HEREBY CERTIFY, That I attended deceased from June 15 1931, to June 22 1931, and that I last saw him alive on June 15 1931, and that death occurred, on the date stated above, at 11 9 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cancer of Stomach
HCB

CONTRIBUTORY (SECONDARY) 46 B
 (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) J. L. McConnell, M. D.
72-1931 (Address) Revere 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.

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)
 10. NAME OF FATHER Henry D. Christy
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Vera Shiptaugh
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) NY
 (STATE OR COUNTRY)

14. INFORMANT Vera Christy
 (Address) Revere Mo.
 15. FILED June 22 1931 J. L. McConnell
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Revere, Mo DATE OF BURIAL June 24 1931
 20. UNDERTAKER Wm. Epperhark ADDRESS Revere, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUL 23 1931

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.

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