

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

Do not use this space.

**24214**

**1. PLACE OF DEATH**

County Boone Registration District No. 73  
Township Columbia Primary Registration District No. 5112  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

**2. FULL NAME**

Arbelle Gurtzie  
(a) Residence, No. Columbia, Mo., Route 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 <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 25, 1930</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>-</u>
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Infant</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo.</u>		
13. NAME <u>Arbelle Gurtzie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co Mo.</u>		
15. MAIDEN NAME <u>Anna B Clayborne</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Commandore Johnson Columbia, Mo., Route</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Masonic Chapel 7-25 31</u>		
19. UNDERTAKER (ADDRESS) <u>A. G. Fickens Columbia, Mo.</u>		
20. FILED <u>7/25/1931</u> <u>F. G. Suggitt</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25 1931

22. I HEREBY CERTIFY, That I attended deceased from 7/24/31, 1931, to July 25<sup>th</sup>, 1931  
I last saw him alive on July 24<sup>th</sup>, 1931. Death is said to have occurred on the date stated above, at 3:00 p. m.  
The principal cause of death and related causes of importance were as follows:  
Cholera Infantum  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
119A

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) G. A. Bradford, M. D.  
(Address) Columbia 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.

AUG 24 1931

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