

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 29 1931

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

Do not use this space.

1. PLACE OF DEATH  
 County, Ste Genevieve Registration District No. 781 File No. 26077  
 Township, Pevears Primary Registration District No. 6027 Registered No. \_\_\_\_\_  
 City, Winnith, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles H. Counts  
 (a) Residence, No. Winnith, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Cora B Counts (nee Lewis)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 18, 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>56</u>	<u>5</u>	<u>7</u>	

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

9. BIRTHPLACE (CITY OR TOWN), \_\_\_\_\_  
 (STATE OR COUNTRY) St Marys Missouri

10. NAME OF FATHER John Counts

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER J. Coffett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Tennessee

14. INFORMANT Cliff Counts  
 (Address) Winnith, Mo

15. FILED 7/26, 1931. Volney Thomas  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1931

17. I HEREBY CERTIFY That I attended deceased from May 12th, 1931, to July 26, 1931 that I last saw h.i.m. alive on July 20th @ 1931, and that death occurred, on the date stated above, at 4:00 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic cardio-vascular renal disease  
131  
 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) none  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED Winnith, Mo  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Yes  
 (Signed) Oscar A. Barron, M. D.  
 , 19 (Address) St. Marys 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 ' Cedar Park Cemetery DATE OF BURIAL 7-27-1931

20. UNDERTAKER Zachary Young ADDRESS Winnith, Mo

