

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.

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

Do not use this space.

34373

1. PLACE OF DEATH

County JacksonRegistration District No. 391Township FranklinPrimary Registration District No. 100City Franklin City MoNo. General Hospital #2

File No.

Registered No. 4086

St.

Ward)

2. FULL NAME

(a) Residence, No. 1527

(Usual place of abode)

St. 2

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

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

Aug. 19 1882

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49116

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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

not employed

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Missouri

FATHER

13. NAME

Jerry Gurd

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

Miss.

MOTHER

15. MAIDEN NAME

Mary Dagle

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

Miss.

17. INFORMANT (ADDRESS)

Reginald Clarke's General Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE West LawnDATE 9-12

19. UNDERTAKER (ADDRESS)

Dagle Bros.

20. FILED

10-6-1931 M. M. Brown

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 5, 1931

22. I HEREBY CERTIFY, That I attended deceased from

Aug. 4, 1931, to Oct. 5, 1931.I last saw her alive on Oct. 5, 1931. Death is saidto have occurred on the date stated above, at 1058 A.M.

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

myocardial infarction

Date of onset

Other contributory causes of importance

Name of operation

Date of

What test confirmed diagnosis autopsy 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

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)

D. M. Miller

M. D.

(Address)

General Hospital #2

