

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001

File No. 7939
Registered No. 346
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward. Martinsville Mo
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 5 24

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

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) Albany Mo

13. NAME Burd Terry

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

15. MAIDEN NAME Mary Ray

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

17. INFORMANT Burd Terry (ADDRESS) Martinsville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Henton DATE Mar. 23 1934

19. UNDERTAKER A. J. Bae (ADDRESS) Albany Mo

20. FILED John A. Bender Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21 1934

22. I HEREBY CERTIFY, That I attended deceased from March 4 1934 to March 21 1934.
I last saw him alive on March 21 1934. Death is said to have occurred on the date stated above, at 7:50 p.m.

The principal cause of death and related causes of importance were as follows:
Dyspeptic obstruction: 117B
fine duodenal ulcer: 122R
Dense adhesions

Other contributory causes of importance:
Duodenal fistula

Name of operation Pylorotomy Date of 3-5-34
What test confirmed diagnosis? rays Was there an autopsy? no

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? No
If so, specify _____
(Signed) H. C. Senor, M. D.
(Address) St. Joseph, Mo

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. 1934

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

MAR 22 1934

