

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.

JUN 26 1935

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

Do not use this space.

17237

1. PLACE OF DEATH  
 County New Madrid. Registration District No. 5-3  
 Township Anderson. Primary Registration District No. 4003  
 City Gideon. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lue Cortson.

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 female. 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 Gus Cortson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30th. 1864.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>71</u>	<u>3</u>	<u>29</u>	

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

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) White County, Ill.

FATHER

13. NAME Abe Koontz.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know.

MOTHER

15. MAIDEN NAME Do not know.

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

17. INFORMANT L. P. Cortson  
 (ADDRESS) Senath Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stanfield Cem. DATE May 30th. 1935.

19. UNDERTAKER R. B. Meentemeyer.  
 (ADDRESS) Gideon, Mo.

20. FILED June 10 1935 M. D. Mummert  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1935

22. I HEREBY CERTIFY, That I attended deceased ~~from~~  
on 5-29-1935, 1935  
 I last saw him alive on 5-29-1935, 1935 Death is said to have occurred on the date stated above, at 9:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis  
93001  
 Other contributory causes of importance: \_\_\_\_\_

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) Geo. F. Johnson, M. D.  
 (Address) Gideon Mo.

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