

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

Do not use this space.

26206

1. PLACE OF DEATH

County Juniata
 Township Stonbury
 City Stonbury (No.)

Registration District No. 314
 Primary Registration District No. 4190

File No.
 Registered No. 22
 St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF <u>Amos Watson</u> <u>Deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 21-1885</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>3</u>
	DAYS <u>17</u>	If LESS than 1 day, <u> </u> hrs. <u> </u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>" "</u>
	10. Date deceased last worked at this occupation (month and year) <u> </u>
	11. Total time (years) spent in this occupation <u> </u>

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Iowa</u>
	13. NAME <u>Albert D. Gorge</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Iowa</u>
	15. MAIDEN NAME <u>Monia Lova</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u>

FATHER	17. INFORMANT (ADDRESS) <u>Edmund Gorge</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stonbury</u>
	19. UNDERTAKER (ADDRESS) <u>Chas. H. Phillips</u>
	20. FILED <u>7/9</u> <u>1936</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1918, to July 8, 1936
 I last saw him alive on July 5, 1936. Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
12
 Other contributory causes of importance:
Arteriosclerosis
Chronic Interstitial Nephritis

Name of operation none Date of
 What test confirmed diagnosis? Lab 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) W. B. G. Sniffler, M. D.
 (Address) Stonbury, 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.

