

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

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.

JAN 21 1937

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

Do not use this space.

42015

1. PLACE OF DEATH

County Newton Registration District No. 608
Township Franklin Primary Registration District No. 5807
City (No. St. Ward)

File No.
Registered No. 60

2. FULL NAME

Georgia Mahurin
(a) Residence, No. Fairlumpella St. Fairland Okla. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 yrs. 4 mos. 2 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13 - 1908
7. AGE YEARS 29 MONTHS 4 DAYS 2 If LESS than 1 day, hrs. or min.
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) Missouri

13. NAME Jae Hampton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount Know

15. MAIDEN NAME Hester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blount Know

17. INFORMANT Mellie Mahurin (ADDRESS) Fairland Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highway Grove DATE 11-16-1936

19. UNDERTAKER J. S. Campbell (ADDRESS) Fairland Okla.

20. FILED Jan. 21 1937 Ada Collings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-13-1936
22. I HEREBY CERTIFY, That I attended deceased from 11-6- 1936, to 11-13- 1936
I last saw her alive on 11-13- 1936 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Bowels 1934
Date of onset
Other contributory causes of importance:

Name of operation W 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
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) Clardwell, M. D.
(Address) Stella

