FEB 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County: LINN
Township: N BENTON
City: (No. , St. Ward)

Registration District No. 497
Primary Registration District No. 561 A

File No. 7087
Registered No. 3

2. FULL NAME: George Christy
(a) Residence, No. Browning Mo 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: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWER

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Emma Lusla Christy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-30-1872

7. AGE: Years 65 | Months 0 | Days 15 | If LESS than 1 day, hrs. or min.

OCCUPATION
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): 1930
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Browning Mo

FATHER
13. NAME: Joseph B. Christy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fleming Co Ky.

MOTHER
15. MAIDEN NAME: Mary Lay
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co Mo

17. INFORMANT (ADDRESS): Joseph D Christy

18. BURIAL, CREMATION, OR REMOVAL: Jenkins Cem.
PLACE: Brownin Mo DATE: Feb-16 1937

19. UNDERTAKER: L. W. Hummel
(ADDRESS): Browning Mo

20. FILED: Feb 17 1937 Lila Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-14-1937

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him alive on , 19. Death is said to have occurred on the date stated above, at 1030 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gun Shot Wound To Heart	
Suicide	
(Coroner Linn Co Viewed Body)	

Other contributory causes of importance:

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Name of operation: — Date of:
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Feb 14, 1937
Where did injury occur? N. Benton Twp (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Gun Shot - Suicide
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.
(Signed) Jno H. Lucas, M. D.
(Address) Brookfield Mo
Coroner of Linn Co.

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.