

DEC 20 1937

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

Do not use this space.

41520

1. PLACE OF DEATH

County Jackson Registration District No. 406
Township Washington Primary Registration District No. 3-5-5-8
City Grandview, Mo. St. _____ Ward _____

2. FULL NAME

Georgia Guida Bales
(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 Female 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 Llewellyn M. Bales

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1900

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
37 4 7

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

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) Amarillo Texas

13. NAME J. L. Stamey, Sr.

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

15. MAIDEN NAME Suzie Ellen Sharp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT L. M. Bales (ADDRESS) Grandview, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock, Ark. DATE Nov 11 1937

19. UNDERTAKER B. T. George & Sons (ADDRESS) Grandview, Mo.

20. FILED 12-8-1937 Mrs. Jos. J. Poreman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Coroner, 1937

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 P. M.

The principal cause of death and related causes of importance were as follows:

Aortic Embolus Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) A. G. Swaney M. D.
Wesley Clowers
(Address) Lebanon, 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.

WHITE PAPER WITH GRADING INK—THIS IS A PERMANENT RECORD

48

2
1

100-6-25-
37-4-7