

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

Do not use this space.

1. PLACE OF DEATH

County Cooper Registration District No. 217
 Township LAMINE Primary Registration District No. 3308
 City Blackwater (No. _____) St. _____ Ward _____

File No. 2530
 Registered No. _____

2. FULL NAME

Lou Gorrell McMahan 255

(a) Residence, No. Blackwater 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William McMahan
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 6, 1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 2 22

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 Life

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

12. NAME Emos Gorrell

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

15. MAIDEN NAME Catherine Schotts

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

17. INFORMANT NAME William McMahan
 (ADDRESS) Blackwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lamine, Mo. DATE Jan. 30, 1938

19. UNDERTAKER Gillespie Funeral Home
 (ADDRESS) Sedalia, Mo.

20. FILED 2-31 1938 W. J. Sawyer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1938 1938

22. HEREBY CERTIFY, That I attended deceased from Jan 23, 1938, to Jan 28, 1938
 I last saw h. alive on Jan 28, 1937 Death is said to have occurred on the date stated above, at 9 A. m.

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

Acute Hepatitis Date of onset 12-20-37

Other contributory causes of importance: 125
 Name of operation none Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external cause (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. J. Sawyer M. D.
 (Address) Blackwater, 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.

RECEIVED
 BUREAU OF VITAL STATISTICS
 MISSOURI STATE BOARD OF HEALTH

