

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

Do not use this space.

19883

PLACE OF DEATH
County Laclede
Township
City Lebanon (No.)

Registration District No. 449
Primary Registration District No. 5609

File No.
Registered No. 1580
St. Ward

2. FULL NAME Lula Gaurley
(a) Residence. No. 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W H Gaurley
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 3 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 10 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Competition
(STATE OR COUNTRY) Laclede Co Mo

10. NAME OF FATHER Samuel French
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Hancia Shamel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo

14. INFORMANT W H Gaurley
(Address) Competition

15. FILED 7/1 1930 J W Bellamy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1930
17. I HEREBY CERTIFY That I attended deceased from July 1 1930 to July 30 1930
that I last saw her alive on July 28 1930 and that death occurred, on the date stated above, at 9:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver
4 1/2

CONTRIBUTORY (SECONDARY) 4 1/2 (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.

(Signed) P. Thompson, M. D.
. 19 (Address) Lebanon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Competition Co Mo DATE OF BURIAL 7/30 1930

20. UNDERTAKER Holman & Stewart 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.

PARENTS

