

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

Do not use this space.

OCT 31 1930

File No. **30815**
Registered No. **83**

1. PLACE OF DEATH
County Polk Registration District No. 703
Township Johanna Primary Registration District No. 5932
City Whitmansville (No. 4424) St. _____ Ward _____

2. FULL NAME Jaurita Mottusheard
(a) Residence No. _____ 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) single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 21, 1921
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
9 5 5

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

9. BIRTHPLACE (CITY OR TOWN) mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Elmer Mottusheard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary E. Chaney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo.
(STATE OR COUNTRY)

14. INFORMANT Elmer Mottusheard
(Address) Flemington mo.

15. FILED 9-26-30 D. L. Mabry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1930, to Sept 26 1930, and that I last saw h. w. alive on Sept 26 1930, and that death occurred, on the date stated above, at _____ p. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute Suppurative Otitis Media
17115
CONTRIBUTORY (SECONDARY) H7B
(duration) _____ yrs. _____ mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Flemington mo
DID AN OPERATION PRECEDE DEATH? yes DATE OF _____ U. S.
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Specimen
(Signed) A. J. Cuffele, M. D.
, 19 _____ (address) Whitmansville 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 DATE OF BURIAL
Flemington Cemetery 9-27, 1930
20. UNDERTAKER ADDRESS
P. A. Joseph 3149

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY.

