

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

Do not use this space.

9077

1. PLACE OF DEATH

County Saline
Township Cambridge
City Ballwin (No.)

Registration District No. 744
Primary Registration District No. 6037A

File No.
Registered No. 3
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 Aug 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Davis
Widowed

17. I HEREBY CERTIFY That I attended deceased from 10 1929, to 1 1929 that I last saw h. alive on 1-28 1929, and that death occurred, on the date stated above, at 8:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 - 1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Degeneration

7. AGE: YEARS 86 MONTHS 10 DAYS 27 If LESS than 1 day, ___ hrs. or ___ min.

CONTRIBUTORY (SECONDARY) Debility (duration) 1 yrs. 1 mos. 1 da.

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

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH. 90 B

9. BIRTHPLACE (CITY OR TOWN) in 1 Ballwin (STATE OR COUNTRY) Missouri Pa. 1848

DID AN OPERATION PRECEDE DEATH? no DATE OF ...

10. NAME OF FATHER Jim Deane

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Green Bank Burial DATE OF BURIAL 20 Aug 1929

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

20. UNDERTAKER W. G. Gwinson ADDRESS Ballwin

12. MAIDEN NAME OF MOTHER Martha Ford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT (Address) Wm. G. Gwinson 15. FILED 2-2 1929 W. G. Gwinson REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE accurately. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

235
1
2
2

