

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

Do not use this space.

12384

**1. PLACE OF DEATH**

County Mississippi

Registration District No. 566

Township Phillips

Primary Registration District No. 3030

City Phillips (No)

File No. \_\_\_\_\_

Registered No. 31

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 113 N. 8<sup>th</sup> 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. 8 mos. 9 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

F

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

August 16<sup>th</sup> 1926

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8

9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work \_\_\_\_\_

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Charleston, Mo.

**10. NAME OF FATHER**

C. D. Padgett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Phillips, Indiana

**12. MAIDEN NAME OF MOTHER**

Nellie Partridge

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Charleston, Mo.

**14.**

INFORMANT (Address)

X. C. D. Padgett

**15.**

FILED \_\_\_\_\_ 1927

F. D. Vernon

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

4/25 1927

**17.**

I HEREBY CERTIFY That I attended deceased from April 25, 1927 (to April 25, 1927) that I last saw him alive on April 25, 1927, and that death occurred, on the date stated above, at 10:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Measles

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. \_\_\_\_\_ mos. 10 ds.

(duration) yrs. \_\_\_\_\_ mos. 3 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

Did AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

Was THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms

(Signed) A. W. Chapman, M. D.

, 19 (Address) Charleston, 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

Oak Grove Cemetery 4/26 1927

**20. UNDERTAKER**

ADDRESS

The Larc-Salmow Co Charleston, 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.

31 1927

