NOV 6

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

Do not use this space.

30832

1. PLACE OF DEATH
County Lafayette
Township
City Wellington (No. ..... St. ..... Ward)
Registration District No. 466
Primary Registration District No. 4279
File No.
Registered No. 22

2. FULL NAME Josiah Lauderdale
(a) Residence (Usual place of abode) No. ..... St., ... Ward. ..... (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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 27 - 1854
7. AGE Years 73 Months 1 Days 25 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Lafayette Co Mo

PARENTS
10. NAME OF FATHER William Lauderdale
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Sophia Cobbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Frank Lauderdale
(Address) Wellington Mo
15. FILED Oct 22 1927 F. W. Mann REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 22 1927
17. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1927, to Oct 22, 1927 that I last saw him alive on Oct 21st, 1927, and that death occurred, on the date stated above, at 1:20 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyper Prostate
137
132 B (duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Uraemia
(duration) yrs. mos. 5 ds.
18. WHERE WAS DISEASE CONTRACTED? 135
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) F. W. Mann, M. D
Oct 22, 1927 (Address) Wellington 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 Wellington Mo
DATE OF BURIAL Oct 24 1927
20. UNDERTAKER Ernest Fegert
ADDRESS Lexington 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.