

MAR 21 1928

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

58767

1. PLACE OF DEATH

County PettisRegistration District No. 668Township LedaliaPrimary Registration District No. 3032City Ledalia (No. 1804, P MO)

File No.

Registered No. 62

St. Ward)

2. FULL NAME

(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

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Married

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

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

May 12 - 1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or mo.

62912

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

MO

10. NAME OF FATHER

Geo. Custer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

MO

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

PARENTS

14.

INFORMANT

(Address)

Mrs. A. T. WorkmanLedalia

15.

FILED

2-25-28J. G. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 192817. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1928, to Feb. 24, 1928, that I last saw him alive on Feb. 24, 1928, and that death occurred, on the date stated above, at 7 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

115 Lobar pneumonia
108(duration) yrs. mos. 10 ds.

CONTRIBUTORY

SECONDARY

(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

Place of deathDID AN OPERATION PRECEDE DEATH? no DATE OF noWAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Clinical

(Signed)

Frank B. Long, M. D.

(Address)

Ledalia 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

Ledalia MOFeb 26 1928

20. UNDERTAKER

ADDRESS

WillieLedalia Mo

