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

Do not use this space.

8143

File No. .....

Registered No. 57

1. PLACE OF DEATH

County: Carroll

Township: Hurricane

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 139

Primary Registration District No. 4795

2. FULL NAME: Delos Midyett

(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: Male

4. COLOR OR RACE: White

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary Etta Midyett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 18 1871

7. AGE: Years 56 | Months 4 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(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): Illinois

PARENTS

10. NAME OF FATHER: Jon. Midyett

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

12. MAIDEN NAME OF MOTHER: Mary Vaughn

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

14. INFORMANT: William Midyett
(Address): Hale Mo

15. FILED 3-17 1928 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 15, 1928, to Mar 16, 1928, that I last saw h. alive on Mar 16, 1928, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gastric Ulcer with hemorrhage
118A
118C (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1102
(duration) ..... yrs. ..... mos. ..... ds.

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

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

3/17, 1928 (Signed) O. K. Edmondson, M. D. (Address) Tina 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: Hale Cemetery — DATE OF BURIAL: March 18 1928

20. UNDERTAKER: Frank E. Slater — ADDRESS: Hale Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.