

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.

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

Do not use this space.

1 JAN 28 1929

1. PLACE OF DEATH

County Narragansett
Township Baird
City Baird, Me.

Registration District No. 127
Primary Registration District No. 2963

42137
File No.
Registered No. 13
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward. 4
(Usual place of abode)

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.
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PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 12th 1848

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hr. or _____ min.
80	~~28~~	10	~~27~~	

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)

10. NAME OF FATHER *Naming McKinnon*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Lucy Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 1

(STATE OR COUNTRY)

14. **INFORMANT** Mrs. Wm. Baker
(Address) R. F. D. 1, 1st St. N.

15. *Dec 10 1978 JCP Allen*

REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-6-28 1928

17. I HEREBY CERTIFY, That I attended deceased from
 1928, to Dec 6, 1928
 that I last saw him alive on Dec 6, 1928, and that
 death occurred, on the date stated above, at 8:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

131 *benifal* *Heamorrhage*
182
99/29a (duration) yrs. mos. 5- ds.
CONTRIBUTORY *Chronic Nephritis +*
(SECONDARY) *Atherosclerosis*
(duration) 1 yrs. x mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

9 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....
 WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) John P. Allen, M. D.
12-28-88 (Address) Living end.

*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
Liberty East of Lansing	12-8-1928

20. UNDERTAKER	ADDRESS
<i>Wm. J. ...</i>	<i>108 S. ...</i>

