

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

Do not use this space.

1327

**1. PLACE OF DEATH**

County Stoddard  
Township Salisbury  
City Mountain View Mo. (No. \_\_\_\_\_)

Registration District No. 383  
Primary Registration District No. 5534

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward)

**2. FULL NAME**

William J Padgett  
(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 69 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

**6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF** Melinda Padgett

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Dec 24-1886

**7. AGE** YEARS MONTHS DAYS | **IF LESS than 1 day, hrs. or min.**  
72 | — | 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Retired  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY)** Hutton Valley Mo

**10. NAME OF FATHER** Abraham Padgett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Tenn

**12. MAIDEN NAME OF MOTHER** Anna

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

**14. INFORMANT (Address)** W. J. Padgett Mountain View Mo.

**15. FILER** 2-6-29 H. F. Lone  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 22 1929

**17. I HEREBY CERTIFY** That I attended deceased from 1-8-1929 to 1-22-1929 that I last saw him alive on 1-21-1929 and that death occurred, on the date stated above, at 10:45 Am.

**18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Apoplexy =  
8710  
11:5  
11:2 (duration) yrs. mos. da. Sudden  
**CONTRIBUTORY (SECONDARY)** Influenza - &  
Sanility (duration) yrs. mos. da.

**18. WHERE WAS DISEASE CONTRACTED?** at home  
**IS IT AT PLACE OF DEATH?** no

**19. WAS THERE AN AUTOPSY?** no  
**DATE OF** \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS?** Physical  
(Signed) Ch. F. Till M. D.  
, 19 (Address) Mtn - View 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** Mtn View Mo. **DATE OF BURIAL** Jan 25 1929

**20. UNDERTAKER** H. F. Lone **ADDRESS** Mtn View 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.

1929  
46  
2  
3

26

1

2

31

PARENTS

