

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

Do not use this space.

1483

**1. PLACE OF DEATH**

County Jackson  
Township Kear  
City W.C.T.C.

Registration District No. 399

Primary Registration District No. 1002

File No. 71  
Registered No. 71  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 643 Myrtle St., 10 Ward.

(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.

**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**

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

Sept 12 1888

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

About 80

3

24

**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)

Retired 7 years

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Kentucky

**10. NAME OF FATHER**

No Data

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No Data

**12. MAIDEN NAME OF MOTHER**

No Data

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

No Data

**14.**

INFORMANT  
(Address)

W. F. Hurd  
1300 So 3rd W.C.T.C.

**15.**

FILED

Jan 7 1929  
M. M. Carver  
Asst REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

Jan 6 1929

**17.**

I HEREBY CERTIFY That I attended deceased from Jan 5 1929 to Jan 6 1929 that I last saw him alive on Jan 6 1929 and that death occurred, on the date stated above, at 11:30 P.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Contributory cause  
25. Atherosclerosis of arteries  
Caused Cerebral Thrombosis  
(duration) undetermined yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH?**

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed)

Chas. J. Perry, M.D.  
1/7 1929 (Address) 513 Commercial St.

\*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**

Maple Hill

Jan 7 1929

**20. UNDERTAKER**

**ADDRESS**

Dimmock & Son

W.C.T.C.

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

