

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

Do not use this space.

1961

1. PLACE OF DEATH

County Jackson
Township Paris Valley
City Paris

Registration District No. 402
Primary Registration District No. 0051B

File No.
Registered No. 7
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 11-1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 3 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Mrs. James Robertson Oak Grove Mo.

15. FILED 1/30/1929 A. D. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-20-1929

17. I HEREBY CERTIFY That I attended deceased from Jan 1, 1929, to Jan 19, 1929, that I last saw him alive on Jan 18, 1929, and that death occurred, on the date stated above, at Paris, Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
Cardio-renal asthma
(duration) yrs. 2 mos. 19 da.
CONTRIBUTORY (SECONDARY) Cardio-renal asthma
(duration) yrs. 2 mos. 2 da.

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

DID AN OPERATION PRECEDE DEATH? NO DATE OF NO

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Autopsy, clinical
(Signed) Dr. J. H. ... M. D.

1/19/1929 (Address) Oak Grove 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

McKlin's Cem. 1-23-1929

20. UNDERTAKER ADDRESS

W. B. Webb Pinesprings

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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
48
5
1

1
2
31
31

PARENTS

2000

2000

2000