

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

Do not use this space.

1969

1. PLACE OF DEATH

County Jackson
Township Washington
City Dresden

Registration District No. 5556 404

File No. 14040885

Primary Registration District No. Dresden Mo

Registered No. 2

(No. Dresden Mo)

St. Dresden

Ward

2. FULL NAME

(a) Residence. No. Dresden Mo St. Dresden
(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 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

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

Ella Cable

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

Oct 9 - 1848

7. AGE

80 YEARS

3 MONTHS

9 DAYS

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)

Retired

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ohio

10. NAME OF FATHER

Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

LI

12. MAIDEN NAME OF MOTHER

4

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

4

14.

INFORMANT

(Address)

E. O. Pratt
5108 Hudson Rd - R.R. 1

15.

FILED

1/20 79

John R. Hendry
St

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 18 1979

17.

I HEREBY CERTIFY That I attended deceased from 2 to 18 1979

that I last saw him alive on 17 1979, and that death occurred, on the date stated above, at 1:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza 112

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

No

DATE OF -

20. WAS THERE AN AUTOPSY?

No

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

Dr. Daniel R. Jones, M.D.

, 19 79 (Address) 421 E 11th 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

FOREST HILL

DATE OF BURIAL

JAN 21 1979

20. UNDERTAKER

RV LINDSEY & Sons Inc

ADDRESS

CITY

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.

WHITE PLACED; WITH OTHERS

