

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.

3057

1. PLACE OF DEATH

County Adair Rolla Registration District No. 229
 Township Adair Seaton Primary Registration District No. 555-8
 City Adair (No. at Home in Rolla County Ward)

2. FULL NAME

(a) Residence. No. Rolla Co. Mo. St. Rolla Word. Rolla
 (Usual place of abode) (If nonresident give city or town and State)
 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise (Harris) St. John
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1842 April 24
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
86 9 17

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) Ill.

10. NAME OF FATHER Ruben St. John

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

12. MAIDEN NAME OF MOTHER Sophia St. John

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

14. INFORMANT Paul St. John
 (Address) Hannibal, Mo.

15. FILED 2-6-1929
1929 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30. 1929
 17. I HEREBY CERTIFY, That I attended deceased from Jan. 28. 1929 to Jan. 30. 1929
 that I last saw him alive on Dec. 15. 1928, and that death occurred, on the date stated above, at 8 P.
 THE CAUSE OF DEATH WAS AS FOLLOWS:

Arterio-sclerosis
 (duration) 5 yrs. mos. da.

CONTRIBUTORY (SECONDARY) Functional heart disease
 (duration) 6 yrs. mos. 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? Clinical
 (Signed) E. R. Miller, M. D.

2-3-1929 (Address) Hannibal, 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 Barkley New Union
 DATE OF BURIAL Feb. 3- 1929
 20. UNDERTAKER James O'Connell ADDRESS Hannibal

