

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

Do not use this space.

5194

1. PLACE OF DEATH

County Vernon
Township Center
City Wooda mo (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 11
St. Ward

2. FULL NAME

(a) Residence No. Throne Hill 103 St. 4 Ward.

(Usual) place of abode (If nonresident give city or town and State)
Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30/1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 5 45

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Letona
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Dick Braden

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

12. MAIDEN NAME OF MOTHER PIC

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

14. INFORMANT Mother Stewart
(Address) Wooda mo

15. FILED 2/7. 29 E. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/15 1929

I HEREBY CERTIFY, That I attended deceased from 17/11/2 12-29, 1928, to 1/15, 1929, that I last saw alive on 1/15/29, 1929, and that death occurred, on the date stated above, at 7 a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Heart
Coronaries of
Stomach
410B (duration) yrs. 15 mos. da.

CONTRIBUTORY (SECONDARY) 440 (duration) yrs. mos. da.

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

8 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ym Yater, M. D.

1-16- 29 (Address) Wooda 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 Howard Cem. DATE OF BURIAL 1/17/29

20. UNDERTAKER Ferry Funeral Home Wooda ADDRESS

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.

108
6
7
237
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31
31

