MAR 21 1929

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

Do not use this space.

5912

1. PLACE OF DEATH

County Cooper. Registration District No. 217 File No.

Township Primary Registration District No. 4131 Registered No.

City Blackwater (No. St. Ward)

2. FULL NAME Harry H. Overstreet.

(a) Residence. No. Blackwater Mo. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7" 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	7	7	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Produce Dealer.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Boonsboro
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER James W. Overstreet.

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

12. MAIDEN NAME OF MOTHER Druscilla Druggard.

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

14. INFORMANT John Sims,
(Address) Blackwater Mo.

15. FILED 2/17, 1929 W. F. Abney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 14" 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 10th, 1929, to Feb 13th, 1929 that I last saw him alive on Feb 13, 1929, and that death occurred, on the date stated above, at 5:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright Disease and cardiac dilatation

1327

75 P (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Don't know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Heat + Nitric acid

(Signed) B. Durrett, M. D

, 19 (Address) Blackwater 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 Old Lamine Cemetery DATE OF BURIAL 2/17 1929

20. UNDERTAKER Goodman & Boller ADDRESS Boonville Mo

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.

169

1

2

2