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

7325

MAR 23 1929

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.

1. PLACE OF DEATH
County Monroe — Registration District No. 583 — File No.
Township Jefferson — Primary Registration District No. 5781 — Registered No. 3
City (No. , St. Ward)

2. FULL NAME Unnamed
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
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) 2/11, 1929
7. AGE Years Months Days 8 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work —
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —
9. BIRTHPLACE (CITY OR TOWN) Stoutsville Mo.
(STATE OR COUNTRY) Monroe Co.

PARENTS
10. NAME OF FATHER Ruby Carl Painter
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Monroe Co. Mo.
12. MAIDEN NAME OF MOTHER Frances Mae Bloore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Iowa

14. INFORMANT Gertie Pearl McCreery
(Address) Stoutsville Mo.
15. FILED 3/10, 1929 W. T. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19th 1929
17. I HEREBY CERTIFY, That I attended deceased from unattended, 19, to , 19, that I last saw h alive on , 19, and that death occurred, on the date stated above, at 2/19 4 A. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Died unattended
Good (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 205
(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?
(Signed) W. T. Bell, M. D
2/20, 1929 (Address) Stoutsville 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 Stoutsville Cem.
DATE OF BURIAL 2/20 1929
20. UNDERTAKER none
ADDRESS