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

Do not use this space.

9739

1. PLACE OF DEATH
County Butler — Registration District No. 87 — File No.
Township Beaver Dam — Primary Registration District No. 5129 — Registered No. 5
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Aaron Columbus Freeman

(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.

MAY 29 1929

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1855 est -

7. AGE: 74 Years Est — Months — 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): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Douglas Cty
(STATE OR COUNTRY): Mo -

PARENTS
10. NAME OF FATHER: not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not known
(STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): not known
(STATE OR COUNTRY): not known

14. INFORMANT: Sofa Freeman
(Address): Starwell Mo.

15. FILED 4/10, 1929 M. M. Lane
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-29 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1929, to March 29, 1929, that I last saw him alive on March 22, 1929, and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
131
93
(duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 2 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? Only Clinical symp
(Signed) R. L. Turner, M. D
4/6, 1929 (Address) Neelyville 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: Babra — DATE OF BURIAL: 3-30 1929

20. UNDERTAKER: Frank Und - Co Poplar Bluff — ADDRESS