

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

Do not use this space.

10443

**1. PLACE OF DEATH**

County Madison  
Township Acacia  
City Yardley (No. \_\_\_\_\_)

Registration District No. 878  
Primary Registration District No. 5526

File No. \_\_\_\_\_  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Gerdie Needy

(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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Female

**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**

Sam Needy

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

10-22-1873

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>55</u>	<u>4</u>	<u>27</u>	

**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)**

(STATE OR COUNTRY) Missouri

**10. NAME OF FATHER**

Frank Price

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

**12. MAIDEN NAME OF MOTHER**

Unknown

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Unknown

**14. INFORMANT**

Sam Needy  
(Address) Fayette

**15. FILED**

3-20-29 V. O. Bonham  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** March 9 1929

**17. I HEREBY CERTIFY, That I attended deceased from** March 2nd, 1929, to March 8, 1929, and that I last saw her alive on March 8, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Lobar Pneumonia  
112 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.

**CONTRIBUTORY (SECONDARY)** Bronchial Asthma  
(duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

At place of death

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** Clinical Pathology  
(Signed) T. G. Richards, M. D.

, 19 (Address) Fayette

\*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**

City Cemetery DATE OF BURIAL 3/23 1929

**20. UNDERTAKER**

Wm. T. Harey ADDRESS Fayette

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.

25 1929

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