MAY 27 1929

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

Do not use this space.

15103

1. PLACE OF DEATH

County [illegible] Registration District No. 416 File No.

Township [illegible] Primary Registration District No. 5571B Registered No. 11

City (No. St. Ward)

2. FULL NAME [illegible]

(a) Residence. No. [illegible] St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 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: [illegible]

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-22-1853

7. AGE: Years 75 x Months 5 x Days 10 x If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: [illegible]

(b) General nature of industry, business, or establishment in which employed (or employer): [illegible]

(c) Name of employer: [illegible]

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): [illegible]

PARENTS

10. NAME OF FATHER: Unknown x

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

12. MAIDEN NAME OF MOTHER: Unknown x

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

14. INFORMANT [illegible]
(Address) [illegible]

15. FILED 4/3, 1929 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): [illegible] 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 1, 1929, to Apr. 1, 1929 that I last saw h. [illegible] alive on Apr. 1, 1929, and that death occurred, on the date stated above, at [illegible] m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforating Ulcer of Duodenum

117 B (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) 111 B (duration) yrs. mos. ds.

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) J. W. Boyd, M. D

4/2, 1929 (Address) Sarcoxie 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: [illegible] DATE OF BURIAL: [illegible] 1929

20. UNDERTAKER: [illegible] ADDRESS: [illegible]

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.