MAY 29 1929

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

Do not use this space.

15653

1. PLACE OF DEATH
County Ralls — Registration District No. 726 — File No.
Township — Primary Registration District No. 4432 — Registered No. 14
City New London (No. New London St. Ward)

2. FULL NAME James A. Givens
(a) Residence. (Usual place of abode) No. St., Ward. (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: Col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1847

7. AGE: about 82 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Ralls Co
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Horace Givens
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Hannah Haines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo
(STATE OR COUNTRY)

14. INFORMANT: Flowerree Givens
(Address): New London

15. FILED 4-10, 1929 — [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-2 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1929, to Mar 25, 1929, that I last saw him alive on 4-25, 1929, and that death occurred, on the date stated above, at 10:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dropsy caused by Heart Disease 95B
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY): 90B
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

4/2 (Signed) J. P. Neely, M. D
, 1929 (Address) New London 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: Fair View Cem — DATE OF BURIAL: 4/5 1929

20. UNDERTAKER: Geo E Roberts — ADDRESS: Hannibal

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.

1924
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