

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

100

Preneur

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

Do not use this space.

28 1929

16947

1. PLACE OF DEATH

County *Leas* Registration District No. *827*
Township *Rickland* Primary Registration District No. *6070*
City *New Lexington*

File No. *69*
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 2 1907*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 9 9

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housework*
(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) *Ill.*

10. NAME OF FATHER *North Randolph*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) *Ill.*

12. MAIDEN NAME OF MOTHER *Heta Addison*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) *Ill.*

14. INFORMANT *W. J. Bryan* (Address) *W. Weston Route 3*

15. FILE NO. *6/15/29* REGISTRAR *Walter E. Plunk*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Apr 11 1929*

17. I HEREBY CERTIFY, That I attended deceased from *April 6* 1929, to *April 11* 1929, and that I last saw her alive on *April 11*, and that death occurred, on the date stated above, at *10:50* a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
grippe-like
1513 (duration) yrs. mos. ds.

CONTRIBUTORY *Purand in nose* (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) *W. J. Bryan*, M. D. *4/11 1929* (Address) *W. Weston*

*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 *W. Weston* DATE OF BURIAL *4/12 1929*

20. UNDERTAKER *W. J. Bryan* ADDRESS *W. Weston*

PARENTS

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