

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

Do not use this space.

17616

1. PLACE OF DEATH

County 6 day
Township Liberty
City (No. 1)

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. 449
St. _____ Ward)

2. FULL NAME

(a) Residence. No. Thomas Medler
(Usual place of abode) Chandler Mo Ward.

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 wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unm

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 1-1839

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 5 2

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

9. BIRTHPLACE (CITY OR TOWN) Ky
(STATE OR COUNTRY)

10. NAME OF FATHER unm

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

12. MAIDEN NAME OF MOTHER unm

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

14. INFORMANT Mrs J. T. Baldwin
(Address) Chandler Mo

15. FILED 6/10/29 Wm J. Goodson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 11 1929 to May 3 1929 that I last saw him alive on May 1 1929, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes
59
68 H

(duration) 2 yrs. mos. ds.
CONTRIBUTORY Gangrene of
(SECONDARY) Right Hand
(duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF

57 WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Wm. K. Bestow, M. D.
5/4-1929 (Address) Liberty 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 Co. Farm near Chandler DATE OF BURIAL 5/24/1929

20. UNDERTAKER Chandler-Cacher Co ADDRESS Liberty Mo

JUN 25 1929
 Every year or 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.

268
 2
 31
 31

