

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

Do not use this space.

1. PLACE OF DEATH

County Madison
Township St. Michael
City Fredericktown

Registration District No. 658
Primary Registration District No. 6723

File No. 18748
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 Male 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 Lidia Kuykendall
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 10, 1839
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 — 7 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Barren, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

14.

INFORMANT B. H. Kuykendall
(Address) Fredericktown, Mo.

15.

FILED 11/19/24 @ U. S. DAVIS
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12th 1929
17. I HEREBY CERTIFY, That I attended deceased from May 11th, 1929, to May 12th, 1929 that I last saw ~~him~~ her alive on May 12th, 1929 and that death occurred, on the date stated above, at 11:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile decay
Cold
CONTRIBUTORY (SECONDARY) Cold
(duration) _____ yrs. _____ mos. _____ ds.
(duration) _____ yrs. _____ mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) M. B. Barber, M. D.
5/11/29 (Address) Fredericktown, 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 Bellard Cem. St. Francis DATE OF BURIAL May 14 1929
20. UNDERTAKER Ed. H. Webb, Fredericktown, Mo. ADDRESS _____

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.

WHILE PRINTING, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1929

