

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

Do not use this space.

20433 ^a

1. PLACE OF DEATH

County Shelby
Township Lentner
City Lentner (No.)

Registration District No. 830
Primary Registration District No. 6095

File No. 32
Registered No.
St. Ward)

2. FULL NAME

Joseph W. Totten

(a) Residence, No. St. Ward. Lentner Missouri
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Hannah Etta Webster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 | 10 | 17

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) Don't know
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph Totten

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

12. MAIDEN NAME OF MOTHER Fannie Dunga

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

14. INFORMANT Joe Totten
(Address) Lentner, Mo.

15. Aug. 29 1929 Madge Good
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21, 1929

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1929, to May 21, 1929, that I last saw him alive on May 21, 1929, and that death occurred, on the date stated above, at 8 am.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

120 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Smith M. D.
, 19 (Address) Shelby, 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 DATE OF BURIAL

Oak Ridge May 23 1929
20. UNDERTAKER ADDRESS
Stacy Shelbina

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.

28 1929

20433-2

