

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

Do not use this space.

21304

1. PLACE OF DEATH

County.....**Howard,**  
Township.....**Richmond,**  
City..... (No. ....)

Registration District No.....**878**  
Primary Registration District No.....**55-26**

File No.....  
Registered No.....**49**  
St. .... Ward)

2. FULL NAME **J. William Givens,**

(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. da. 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 **Single**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **12/16/1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
**67** **0** **6**

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) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Charlie Givens,**

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

12. MAIDEN NAME OF MOTHER **Mary A Kring**

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

14. INFORMANT (Address) **Mrs. Mary Bush**  
**Jayette Mo**

15. FILED **7-16-29** **V. O. Boham**  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/22/29** 19**29**

17. I HEREBY CERTIFY, That I attended deceased from **June 17, 1929**, to **June 22, 1929** that I last saw him alive on **June 22, 1929**, and that death occurred, on the date stated above, at **7:33 A.M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**550**  
**Acute Indigestion**  
(duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) **Cerebral Arteriosclerosis and Brain Injuries.**  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **K. Reys.**

(Signed) **J. B. Richards**, M. D.

, 19 (Address) **Jayette 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 **Walnut Ridge,** DATE OF BURIAL **6-23-1929**

20. UNDERTAKER **Guy T. Halley, Fayette, Mo** ADDRESS

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