

E. 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.

AUG 22 1929

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

Do not use this space.

23787

1. PLACE OF DEATH

County Boone

Registration District No. 73

Township

Primary Registration District No. 3006

City Columbia, Mo (No.)

File No. 174

Registered No.

St. Ward

2. FULL NAME

(a) Residence. No. RR #8 Columbia, Mo 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

Maudie Martin Again

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan 6, 1866

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ____ hrs. or ____ min.

63

5

26

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)

Boone Co. Mo

10. NAME OF FATHER

Samuel Again

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

12. MAIDEN NAME OF MOTHER

Elizabeth M. Pherson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

14.

INFORMANT

(Address)

Mrs. Maudie Again
all S. 6th St.

15.

FILED

7-2, 29 Beatrice Gruber
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 2, 1929

17.

I HEREBY CERTIFY That I attended deceased from February 1928 to July 2 1929

that I last saw him alive on July 2 1929, and that death occurred, on the date stated above, at 9:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atherosclerosis

CONTRIBUTORY (SECONDARY)

Chronic intersticed

emphysema

(duration) 1 yrs. 3 mos. 20 ds.

18. WHERE WAS DISEASE CONTRIBUTE

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

W. H. Schmidt M. D.

, 19

(Address)

Columbia, 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

Columbia Cem

7-4 1929

20. UNDERTAKER

ADDRESS

Tom M. Harg

Columbia Mo.

