31 1929

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

Do not use this space.

23929

1. PLACE OF DEATH

County: Butler — Registration District No.: 88 — File No.:

Township: [illegible] — Primary Registration District No.: 4054 — Registered No.: 24

City: Neelyville (No. ..... St. ..... Ward)

2. FULL NAME William Lafferty

(a) Residence. No. Neelyville, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 7, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	78	5	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Evensville
(STATE OR COUNTRY): Indiana.

PARENTS

10. NAME OF FATHER: Unknown

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: W. H. Stewart
(Address): Neelyville, Mo

15. FILED 7 31, 1929 R. L. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31 1929

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1927, to July 31, 1929 that I last saw him alive on July 30, 1929, and that death occurred, on the date stated above, at 4 10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

59

131

(duration) 2 yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY): Diabetes Mellitus

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinary tests

(Signed) R. L. Turner, M. D

7 31, 1929 (Address) Neelyville 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
Corning Ark	Aug 2 1929
20. UNDERTAKER	**ADDRESS**
Will Felsberg	Corning Ark

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.

SAFE FORMS, WITH SPACING INKLINGS IS A PERMANENT RECORD