

AUG 22 1929

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

Do not use this space.

23955

1. PLACE OF DEATH

County Caldwell
Township Hamilton
City Hamilton (No.)

Registration District No. 96
Primary Registration District No. ROSS

File No.
Registered No. 2293
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

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

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

Sept 23 1850

7. AGE

7898

If LESS than 1 day, hrs. or min.

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)

Darrius les.

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

James Whitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Ledington

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Nancy Ann Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Darrius les.

(STATE OR COUNTRY)

Missouri

14. INFORMANT

(Address)

J. H. McGee
July Hamilton Mo

15. FILED

July 24 1929
Stanley Bruce

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 1st 1929

17.

HEREBY CERTIFY, That I attended deceased from

Dec 1920 to July 1 1929
that I last saw him alive on June 28 1929, and that death occurred, on the date stated above, at 12 m.

920 THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 Mitral insufficiency
and hardened arteries
of 10 yrs. (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) 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

Physical findings
Deep Echo M. D.

(Signed)

July 19 1929 (Address) Hamilton 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

McLary CemeteryJuly 2 1929

20. UNDERTAKER

ADDRESS

John HoughtonHamilton Mo

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.

