28 1929
53

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

Do not use this space.

25075

1. PLACE OF DEATH
County Laclede — Registration District No. 1042 — File No.
Township Hooker — Primary Registration District No. 5614 — Registered No. 4
City (No. St. Ward)

2. FULL NAME Walter A Cady
(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Olive M. Secres.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 27th 1856

7. AGE: Years 72 — Months 9 — Days 19 — 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): Lindon
(STATE OR COUNTRY): Ill

PARENTS
10. NAME OF FATHER: Samuel Cady
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): N.Y.
12. MAIDEN NAME OF MOTHER: Matilda Comstock
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): N.Y.

14. INFORMANT: Mrs Olive Cady
(Address): Lebanon

15. FILED 7-17 1929 J. C. Scott, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 1st 1928, to July 16th 1929, that I last saw him alive on July 15th 1929, and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93c
(duration) 1 yrs. 2 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
(Signed) J. C. Scott, M. D
, 19 (Address) Lebanon, 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: St Joseph Mo — DATE OF BURIAL: 7/16 1929

20. UNDERTAKER: Palmer — ADDRESS: Lebanon

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.