

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

Do not use this space
25389

1. PLACE OF DEATH

County Remuscot

Registration District No. 651

File No. 87

Township Quail

Primary Registration District No. 4888

Registered No. 87

City Quail (No.)

St.

Ward

2. FULL NAME

(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

Female

4. COLOR OR RACE

Black

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widow

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

widow John Priddy

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

3-27-1872

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day,hrs. ormin.

57

3

11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. House Work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Selmer Ala

(STATE OR COUNTRY)

10. NAME OF FATHER

John Priddy

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Selmer Ala

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Angeline Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ala

(STATE OR COUNTRY)

14. INFORMANT

Christina Hollaway
Canethersville, Mo.

(Address)

15. FILE

July 9, 1929 Oda Martin

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 8th 1929

17. I HEREBY CERTIFY That I attended deceased from June 20, 1929, to July 8th 1929 that I last saw her alive on July 8th 1929 and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Lesion
and General Atheroma

CONTRIBUTORY (SECONDARY)

9000

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. B. Luten M. D.

2-9-1929 (Address) Canethersville

*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

Mason Cemetery 7-9 1929

20. UNDERTAKER

ADDRESS

Wm. Hardrick Quail

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGES must be stated in years, months and days.

1929
78
33

2000

PARENTS

