

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

Do not use this space.

26876

1. PLACE OF DEATH

County Andrew

Registration District No. 26

Township

Primary Registration District No. 3002

City Mexico Mo (No.)

File No.

Registered No. 113

St. Ward)

2. FULL NAME

(a) Residence Deed at Andrew Co Hospital 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. 7 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 married aylon

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 5-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 + 2 / 1

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) Virginia

10. NAME OF FATHER

Wendell Aylon

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER

Anna Graham

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

14.

INFORMANT Mrs. Mabel Aylon
(Address) Beall mo.

15.

Aug 27 1929 Ira S. Milligan
FILED REGISTERED

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) aug 26 1929

17. I HEREBY CERTIFY, That I attended deceased from 8-22-1929 to Aug 26, 1929 that I last saw him alive on Aug 26, 1929 and that death occurred, on the date stated above, at 10:30 PM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma Caecum
46C
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8-23-29

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Operation & Clinical

(Signed) Francis J. Kelly, M. D.

8/27, 1929 (Address) Mexico, 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

Montgomery City, Cudley aug 28 1929

20. UNDERTAKER

ADDRESS

Walter H. Montgomery City, 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.

