

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

Do not use this space.

30214

**1. PLACE OF DEATH**

County Callwell  
Township Davis  
City Braymer (No. ....)

Registration District No. 9/2  
Primary Registration District No. 5/29

File No. ....  
Registered No. 19 St. .... Ward)

**2. FULL NAME** Hathern Teel

(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 15 yrs. .... mos. .... da. How long in U.S., if of foreign birth? yrs. .... mos. .... da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) to Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1875

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
54 | 4 | #2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Housework  
(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) Missouri Neb.

10. NAME OF FATHER Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

14. INFORMANT Teel Teel (Address) Braymer Mo

15. FILED Sept 3 1929 H. H. Anderson REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 2, 1929

17. I HEREBY CERTIFY That I attended deceased from June 1929 to Sept 2 1929 that I last saw him alive on Sept 1 1929 and that death occurred, on the date stated above, at 2:20 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS**

131 Cerebral Hemorrhage  
8910

12 (duration) yrs. .... mos. .... da. Stroke  
CONTRIBUTORY Chronic Bronchitis (SECONDARY) (duration) 6 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. present location

19. DID AN OPERATION PRECEDE DEATH. No DATE OF None WAS THERE AN AUTOPSY. No

WHAT TEST CONFIRMED DIAGNOSIS (Signed) Cardinal B. Shoddy M. D. Sept 4, 1929 (Address) Braymer 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 Evergreen DATE OF BURIAL 8/4, 1929

20. UNDERTAKER B. F. Mead ADDRESS Braymer 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.

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