

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

Do not use this space.

30927

1. PLACE OF DEATH

County Jackson
Township St. Marys
City St. Marys

Registration District No. 399
Primary Registration District No. 1002

File No. _____
Registered No. 3051
St. _____ Ward

2. FULL NAME

(a) Residence. No. 2905 Walnut St., 3 Ward.

Length of residence in city or town where death occurred 25 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 m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20th 1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>75</u>	<u>6</u>	<u>29</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Retired
(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) Ill

10. NAME OF FATHER No Data

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

12. MAIDEN NAME OF MOTHER No Data

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Data

14. INFORMANT Jessie White
(Address) 3123 Kensington

15. FILED 9/20/29 M. M. Emme REGISTRAR
assr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/19/29

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to Sept 19, 1929, that I last saw him alive on Sept 19, 1929, and that death occurred, on the date stated above, at 5:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93
105 hypertension, chronic
(duration) 6 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Renal emphysema
(duration) yr. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. J. Mayberry M. D.
Sept 20, 1929 (Address) 718 1/2 N. 1st St. St. Louis, 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 Mt Moriah Cem DATE OF BURIAL 9/21/29

20. UNDERTAKER W. J. Mayberry ADDRESS St. Louis City Mo

113061 + 2005400101