

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

Do not use this space.

31644

PLACE OF DEATH

County Watts
Township Clark
City Hannibal

Registration District No. 728
Primary Registration District No. 5961

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE bol 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about - 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 52

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) Palmyra
(STATE OR COUNTRY) Mo

10. NAME OF FATHER no record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY)

14. INFORMANT Mrs Elizabeth Stacey
(Address) near Spawling Springs

15. FILED Oct 29 Marvin Shiff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1929, to Sept 21, 1929.
that I last saw him alive on about Sept 18, 1929 and that death occurred, on the date stated above, at 10:35 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial nephritis
131

CONTRIBUTORY (SECONDARY) mitral leak of heart

18. WHERE WAS DISEASE CONTRACTED 72A
IF NOT AT PLACE OF DEATH. no
DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS. clinical -
(Signed) P. J. Reschman, M. D.

Sept 23, 1929 (Address) @ A. K. Wood - road -

*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

Big break bar 9-24 1929

20. UNDERTAKER

ADDRESS

Geo E Roberts Hannibal

NOTE: 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.

