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

Do not use this space.

33414

1. PLACE OF DEATH
County Dunklin — Registration District No. 289 — File No.
Township Cotton Hill — Primary Registration District No. 3407 — Registered No. 66
City (No. St. Ward)

2. FULL NAME Robert Story

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: 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~~ Ruth Story

6. DATE OF BIRTH (MONTH, DAY AND YEAR) don't Know 1870

7. AGE: Years 59 | Months | Days | If LESS than 1 day, hrs. or min.

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

PARENTS
10. NAME OF FATHER George Story
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ewing Ill.
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know

14. INFORMANT B. Wilcher
(Address) Clarkton Mo.

15. FILED 10/12 1929 L.E. Mitchell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 12 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 9th 1929, to Oct 12 1929, that I last saw ~~him~~ alive on Oct 9th 1929 and that death occurred, on the date stated above, at 2.30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bright's Disease

Estimated (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

131 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Appearance

(Signed) Homer Beale, M. D.

10/12 1929 (Address) Malden 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. Gilead — DATE OF BURIAL: 10/12 1929

20. UNDERTAKER: W. L. Craig — ADDRESS: Malden 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.