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

Do not use this space.

33591

1. PLACE OF DEATH
County Howard — Registration District No. 378 — File No.
Township Boonefeme — Primary Registration District No. 55-27 — Registered No. 64
City (No. , St. Ward)

2. FULL NAME Elec. Givens
(a) Residence. ~~No.~~ County Farm St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Mal
4. COLOR OR RACE: Blk
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: 80 about — YEARS: — MONTHS: — DAYS: — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmate Co farm
(b) General nature of industry, business, or establishment in which employed (or employer): —
(c) Name of employer: R. J. Fisher Supt.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Howard Co

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: R. J. Fisher Supt. Co farm
(Address): Fayette Mo R T

15. FILED 10-7 1929 V. D. Bonhaud, REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct-6- 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 18 Sep., 1929, to , 19 that I last saw him alive on Aug. 18, 1929, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Myocarditis
93C
99 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Artero Sclerosis
(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? Physical findings
(Signed) V. D. Bonhaud, M. D.
, 19 (Address) Fayette 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: Co farm Cemetery — DATE OF BURIAL: 10-7- 1929

20. UNDERTAKER: R. J. Fisher Supt — ADDRESS: Fayette Mo R T

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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