WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34520

1. PLACE OF DEATH

County New Madrid — Registration District No. 55 — File No. 8

Township — Primary Registration District No. 4033 — Registered No. 825

City Gideon Mo (No. ..... St. ..... Ward)

2. FULL NAME Hubert Teal

(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): Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1926

7. AGE: Years 1 — Months 2 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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) New Madrid Co

PARENTS

10. NAME OF FATHER Aud Teal

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

12. MAIDEN NAME OF MOTHER Gladys McAdams

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

14. INFORMANT Aud Teal
(Address) Gideon MO

15. FILED Nov 10 1929 M. V. Munna REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 17th 1929

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

THE CAUSE OF DEATH* WAS AS FOLLOWS: Anhydremia following Ileo Colitis

113B (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Mastoid Antrum Infection (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED Gideon Mo

IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings

(Signed) John D Van Cleve, M. D

, 19 (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: Stanfield — DATE OF BURIAL: Oct 19 1929

20. UNDERTAKER: R B Meenlemeyer — ADDRESS: Gideon MO