

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.

34669

1. PLACE OF DEATH

County Pettis

Registration District No. 668

File No. 2

Township Jedalia

Primary Registration District No. 3032

Registered No. 292

City Jedalia (No.)

St. Ward

2. FULL NAME

(a) Residence. No. 257 Washington St., 3 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

John Alexander

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

FEB 5 1854

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

75

4

25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Bates Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Kurt Smith

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Do not know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Fannie Trembule

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Do not know

(STATE OR COUNTRY)

14. INFORMANT

(Address)

J. O. Lison
Jedalia Mo

15. FILED

10-12-1929

J. B. Love

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8th 1929

17.

I HEREBY CERTIFY, That I attended deceased from , 19 to , 19

that I last saw him alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

117B

95C

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerotic Ulcer

(duration) 1 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 Symptoms

(Signed) A. F. Pollard, M. D.

, 19 (Address) 3rd & Ohio, Jedalia, 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

DATE OF BURIAL

Jedalia Mo

10/8 1929

20. UNDERTAKER

ADDRESS

W. T. Laughlin Bros Jedalia

