

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

Do not use this space.

36997

**1. PLACE OF DEATH**

County Howard  
Towship Providence  
City (No. ....) (St. .... Ward)

Registration District No. 878  
Primary Registration District No. 55-27

File No. ....  
Registered No. 71

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. County James  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Male

**4. COLOR OR RACE**

Blk

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

Single

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

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

Unknown

**7. AGE**

YEARS

MONTHS

DAY

If LESS than 1 day, .... hrs. or .... min.

About 47 - -

**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

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY)

Mo.

**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

(Address)

Supt. R. J. Fisher, or  
Howard Co Fayette Mo RI

**15.**

FILED

Nov 5 1929 V. R. Barkham  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Nov 5 - 1929

**17. I HEREBY CERTIFY** That I attended deceased from Aug 1929, to Aug 1929, that I last saw him alive on Aug 1929, and that death occurred, on the date stated above, at 11 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Paralysis left side  
341  
8. 0

**CONTRIBUTORY (SECONDARY)**

Cerebral (duration) 8 yrs. .... mos. .... da.  
15 yrs. .... mos. .... da.

**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**

(Signed)

Physicel Ex  
V. R. Barkham 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**

DATE OF BURIAL

Co farm cemetery

Nov 6 1929

**20. UNDERTAKER**

R. J. Fisher  
Supt. Co of arm.

ADDRESS  
Fayette Mo RI

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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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