

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

Do not use this space.

37740

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.

10730

61  
4  
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PARENTS

1. PLACE OF DEATH  
 County Macon Registration District No. 528  
 Township Callao Primary Registration District No. 4314  
 City Callao No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Rebecca Josephine Luidley  
 (a) Residence. No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF James Luidley  
 (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15<sup>th</sup> 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>71</u>	<u>6</u>	<u>14</u>	

8. OCCUPATION OF DECEASED 131  
 (a) Trade, profession, or particular kind of work House wife 93  
 (b) General nature of industry, business, or establishment in which employed (or employer) 97  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Macon County Mo.  
 (STATE OR COUNTRY) \_\_\_\_\_

10. NAME OF FATHER John Barnes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
 (STATE OR COUNTRY) \_\_\_\_\_

12. MAIDEN NAME OF MOTHER Segle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Out Luidley  
 (Address) La Plata Mo.

15. FILE NO. Nov. 9, 1927 REGISTERED BY W. A. S. H. M. D.

**3 MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from Nov. 8, 1929, to Nov. 8, 1929, that I last saw her alive on Nov. 8, 1929, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Myocarditis and Nephritis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED? 129 A  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam  
 (Signed) W. A. S. H. M. D., M. D.  
Nov 10, 1929 (Address) Callao 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 <u>Callao</u>	DATE OF BURIAL <u>Nov 10 1929</u>
20. UNDERTAKER <u>G. A. Perry &amp; Son</u>	ADDRESS <u>Callao Mo.</u>

