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

Do not use this space.

40008

1. PLACE OF DEATH
County: Cedar — Registration District No.: 163
Township: Box — Primary Registration District No.: 5228
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 53

2. FULL NAME: HESTER PACE

(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~~ (OR) WIFE OF: J.H Pace

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 20-1861

7. AGE: Years 67 | Months 11 | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At HOME
(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

PARENTS
10. NAME OF FATHER: Dock Light
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Eliza Amos
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Mo

14. INFORMANT: J.H Pace
(Address): Eldorado Springs Mo. #3

15. FILED: 12-18-1929 J.W. Dawson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec-18 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec. 7, 1929, to Dec. 17, 1929, that I last saw h. alive on Dec. 17, 1929, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....
(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? None
(Signed) F.O. Williams, M. D
12/18, 1929 (Address) El Dorado Springs

*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: Sandridge Cemetery — DATE OF BURIAL: 12/20 1929
20. UNDERTAKER: Irwin-Siders — ADDRESS: El Dorado Springs Mo.