

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

Do not use this space.

43208  
H0

**1. PLACE OF DEATH**

County..... Taney ..... Registration District No. 859  
 Township..... Alwan ..... Primary Registration District No. 6130  
 City..... (No. ....) ..... St. .... Ward)

**2. FULL NAME**..... None

(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**

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant  
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7<sup>th</sup> 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
✓ ✓ ✓ 4 hrs.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Infant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Taney Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John A. Mead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Reed Spring Mo.  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lena Mae Bennett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nixa Mo.  
 (STATE OR COUNTRY)

14. INFORMANT J. A. Mead  
 (Address) Hollister Mo.

15. FILED Dec 29 1929 Pa. J. Powell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 7<sup>th</sup> 10:20 a.m. 1929 to Dec 7<sup>th</sup> 4:00 p.m. 1929 that I last saw her alive on Dec 7<sup>th</sup> 1929, and that death occurred, on the date stated above, at 4:00 p.m.

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

157D Faulty Development  
1590  
 (duration) yrs. ✓ mos. 1 da.  
 CONTRIBUTORY (SECONDARY) None  
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED ✓  
 IF NOT AT PLACE OF DEATH:

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

21. WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) Harry T. Stone, M. D.

, 19 (Address) Hollister, 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 Hollister Mo DATE OF BURIAL 12/8 1929

20. UNDERTAKER None ADDRESS

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

F. 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.

1929

1957-89