

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

Do not use this space.

1790

PLACE OF DEATH

County Linn
Township Clark
City Marion (No. 1)

Registration District No. 491
Primary Registration District No. 5-5-58

File No. 579
Registered No. 579 St. Ward

2. FULL NAME

(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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home of Daughters
(b) General nature of industry, business, or establishment in which employed (or employer) 106
(c) Name of employer 9

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Linn Co

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Marion

14.

INFORMANT Mrs. Joe Boone
(Address) Tracy Mo

15.

FILED 1/14 1936 MO Smith

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1930 to June 13, 1930
that I last saw him alive on June 13, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Bronchitis
arterial Sclerosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9/13
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 0

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Wright

(Signed) J. R. Riddle, M. D.

, 19 (Address) Tracy 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

Wright City

June 14 1930

20. UNDERTAKER

ADDRESS

Lincoln Bros

Tracy Mo

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.

