

MAR 28 1930

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

Do not use this space.

2024

File No. \_\_\_\_\_  
Registered No. 842  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

City: New Madrid Registration District No. 55  
Township: Anderson Primary Registration District No. 4033  
City: Sideon (No. \_\_\_\_\_)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX:

4. COLOR OR RACE

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

Female White Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Widow of Sam Jones

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

Jan 26 1862

7. AGE

YEARS

MONTHS

DAYS

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

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

House work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pike Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

no

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

no

(STATE OR COUNTRY)

14. INFORMANT

Jim Telfert  
(Address) Anderson #2

15. FILED

Feb 10 1930 M. V. Mummie  
REGISTRAR

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

Jan 26 1930

17.

I HEREBY CERTIFY, That I attended deceased from Jan 26 1930 to Jan 26 1930

that I last saw her alive on Jan 26 1930, and that death occurred, on the date stated above, at 9:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

apoplexy  
Arteriosclerosis (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF Jan 27/30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Chemical

(Signed) R. B. Fleet, M. D.

. 19 (Address) Anderson 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

Stanheld Cemetery Jan 26 1930

20. UNDERTAKER

ADDRESS

R. B. Meentemeyer Widow

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

