

APR 30 1930

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

Do not use this space.

2288-a  
774  
Registered No. 774

1. PLACE OF DEATH  
 County Polk Registration District No. 704-70  
 Township Wichart Primary Registration District No. 5-933  
 City Wichart (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME James Carden  
 (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 male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 6 28 27  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930  
 17. I HEREBY CERTIFY, That I attended deceased from 1-12, 1930, to 1-12, 1930 that I last saw him alive on 1-12, 1930, and that death occurred, on the date stated above, at 5:30 m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cardia Renal Disease  
95B  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) 90B  
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fair Play Mo  
 10. NAME OF FATHER Dont Know  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know  
 12. MAIDEN NAME OF MOTHER Potts  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) SD Smith, M. D.  
 , 19 (Address) Bolivar

14. INFORMANT (Address) Bob Wilson  
Wichart 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 Enon DATE OF BURIAL 1-27 1930

15. FILED Jan 1 1930 Miss Grace Davis REGISTRAR

20. UNDERTAKER Hutchinson Blue ADDRESS Bolivar Mo

1000

1000

1000

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Polk Registration District No. 707 File No. ....  
Township Wishart Primary Registration District No. 5936a Registered No. 3  
City (No. ....) St. .... Ward)

**2. FULL NAME**

James Cowden

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF don't know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ... hrs. or ... min.  
68 - 97

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Fair Play  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Doug

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk  
(STATE OR COUNTRY) .....

12. MAIDEN NAME OF MOTHER Potts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know  
(STATE OR COUNTRY) .....

14. INFORMANT Bob Wilson  
(Address) Wishart mo

15. FILED May 11, 1930 Mrs. Hattie M. Taylor REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I, HEREBY CERTIFY That I attended deceased from 1-12-1930 to 1-20-1930 that I last saw him alive on 1-12-30, and that death occurred, on the date stated above, at 1-20 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Vascular Disease

CONTRIBUTORY (SECONDARY) .....

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) B. D. Smith, M. D.  
, 19 (Address) Polivar.

\*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 Enon DATE OF BURIAL 1-21 1930

20. UNDERTAKER Hutcherson Blue ADDRESS Polivar MO

**SUPPLEMENTARY**

ALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE FILED BY LAW

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