

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

Do not use this space.

4201

1. PLACE OF DEATH

County Butler
Township Neely
City (No.) St. Ward

Registration District No. 88
Primary Registration District No. 5130

File No.
Registered No. 7

2. FULL NAME

(a) Residence. No. St. Ward. Neelyville, Mo.
(Usual place of abode)

Neelyville, Mo.
(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 Will Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-8-82 Est

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

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(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) Ky

10. NAME OF FATHER Ben Caldwell

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT W. M. Jones
(Address) Neelyville, Mo.

15. FILED 2.26.1930 R. T. Turner
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from JANUARY 9, 1930, to FEBRUARY 25 1930. that I last saw h. OK alive on JANUARY 9, 1930, and that death occurred, on the date stated above, at 5 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

(duration) 1 yrs. 6 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 LABORATORY

(Signed) R. T. Turner, M. D.

2.26.1930 (Address) Neelyville, 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 Harris Ridge DATE OF BURIAL Feb. 26 1930

20. UNDERTAKER Franklin Co. Poplar Bluff ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

