MAR 25 1930

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

Do not use this space.

4357

1. PLACE OF DEATH

County: Cedar — Registration District No.: 164 — File No.: 79

Township: Benton — Primary Registration District No.: 5229 — Registered No.:

City: (No. ..... St. ..... Ward)

2. FULL NAME: Fontella Mayetta McBride

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 21 - 1922

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	7	11	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(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): Jerico Spg. Mo

PARENTS

10. NAME OF FATHER: Raymond McBride

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Jerico Spg.

12. MAIDEN NAME OF MOTHER: Florence Eggleson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Jerico Spg.

14. INFORMANT: Raymond McBride
(Address) Jerico Springs, Mo.

15. FILED 3-4, 1930. F. M. Davis, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-19-, 1930, to 2-21, 1930 that I last saw her alive on 21, 1930 and that death occurred, on the date stated above, at 6:30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Intestinal obstruction and toxemia - Sugar was found in urine (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): Cardiac failure and acidosis (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?

(Signed) S B Bamster, M. D.

, 19 (Address) Jerico Springs 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
Hall Cemetery	2-22 1930

20. UNDERTAKER	ADDRESS
W. P. Long	Jerico Spg Mo

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

$$\begin{array}{r} 19\overset{29}{\cancel{30}}-2-21 \\ 7\ \ 11 \\ \hline 1922\ \ 3\ \ 21 \end{array}$$