

APR 28 1930

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

Do not use this space.

5795

1. PLACE OF DEATH

County New Madrid
Township " " " "
City " " " " (No.)

Registration District No. 604
Primary Registration District No. 5802

File No. 20
Registered No. _____
St. _____ Ward _____

2. FULL NAME

M. M. Householder

(a) Residence No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Ollie Householder

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 77

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) Indiana (STATE OR COUNTRY)

10. NAME OF FATHER Don't Know

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

12. MAIDEN NAME OF MOTHER " " (STATE OR COUNTRY)

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

14. INFORMANT Earl Duncan (Address) Matthews, Mo.

15. FILED 7/22 30 W. B. Cannon REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____, 19____.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Death with no Medical Attn
Probably Cardiac Delay
930 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 900 (duration) yrs. mos. ds.

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) W. B. Cannon M. D. _____, 19____ (Address) Co. Health Office

*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 Hunter Cemetery DATE OF BURIAL 2 - 21st 1930

20. UNDERTAKER Richards (and Co) ADDRESS New Madrid

