

MAR 28 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

5946

1. PLACE OF DEATH

County PettisRegistration District No. 668Township HedaliaPrimary Registration District No. 3032City Hedalia (No.)

File No.

Registered No. 40

St.

Ward.

2. FULL NAME

(a) Residence. No. 212 E. Johnson St.

(Usual place of abode)

Ward.

(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

Col

5. SINGLE, MARRIED, WIDOWED OR

DIVORCED (write the word)

Single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

2/11/1930

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1

day, 2 hrs.or 2 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or
particular kind of workX(b) General nature of industry,
business, or establishment in
which employed (or employer)X

(c) Name of employer

X

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

HedaliaMissouri

10. NAME OF FATHER

Louis Alexander

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Blue PeakMissouri

12. MAIDEN NAME OF MOTHER

Edith Crowder

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Robertville, Mo

14.

INFORMANT

(Address)

Louis Alexander212 E. Johnson St.

15.

FILED

2-13-30

19.

J. H. ROR

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

2-11-19 30

17.

I HEREBY CERTIFY, That I attended deceased from

2-11-19 30, to2-11-19 30that I last saw him alive on 2-11- 19 30 and that
death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Premature birth
(duration) yrs. mos. ds.

CONTRIBUTORY

(SECONDARY)

161A (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? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

G. H. Marshall, M. D.

, 19

(Address)

116 1/2 W. Main

*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

Hedalia, Mo2/13/1930

20. UNDERTAKER

ADDRESS

J. H. RORHedalia

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

