

1929 28 1930

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

Do not use this space.

5998

1. PLACE OF DEATH

County Oriskany Registration District No. 609  
Township Louisiana Primary Registration District No. 3033  
City Louisiana (No. 601, 232) St. 2 Ward

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. 2 Ward

2. FULL NAME

(a) Residence. No. 601, 232 St. 2 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-25-46

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 11 12 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired 108  
(b) General nature of industry, business, or establishment in which employed (or employer) Farming 93  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Charles Bandy (Address) Louisiana Mo

15. FILED 4/7/30 JCHam REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7 1930

17. I HEREBY CERTIFY, That I attended deceased from April, 1930, to 2-7, 1930, and that I last saw him alive on 2-7, 1930, and that death occurred, on the date stated above, at 2 45 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Neurovascular (lesion)  
Myocarditis

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH at Place of death  
DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 1929  
amputation of foot  
etc gangrene

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Cerebral

(Signed) Chas Bandy M. D.

2/7. 1930 (Address) Louisiana 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

Buried Louisiana Mo 2/9 1930

20. UNDERTAKER ADDRESS Mo

JCHam Louisiana

CAUSE OF DEATH IN plain terms, so that it can be understood by the layman

