

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

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.

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

Do not use this space.
7397
7394

1. PLACE OF DEATH
 County Shelby Registration District No. 831
 Township North River Primary Registration District No. 6093
 City (No.) St. Ward

2. FULL NAME James Dinwiddie
 (a) Residence (Usual place of abode) St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-21-1832

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 22

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) (STATE OR COUNTRY) Marion Co., Mo.

PARENTS
 10. NAME OF FATHER William Dinwiddie
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.
 12. MAIDEN NAME OF MOTHER Elyzabeth Ballard
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Co., Mo.

14. INFORMANT Charley Dinwiddie
 (Address) Emden, Mo.

15. FILED Feb. 14 1932 Emmette A. Howerton
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7 1930 to Feb. 13 1930 that I last saw him alive on Feb. 13 1930, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza

CONTRIBUTORY (SECONDARY) Arterio Sclerosis and Valvular disease of heart (duration) 7 yrs. 7 mos. 7 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) Dr. J. H. Hess, M. D.
 .19 (Address)

*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 Looney Creek DATE OF BURIAL 2-15 1930
 20. UNDERTAKER B. M. Allen ADDRESS Phila Mo

