

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 OUTLINES MARKING THIS FORM.

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

Do not use this space.

9634

1. PLACE OF DEATH

County New Madrid
 Township St. Johns
 City (No. _____) _____

Registration District No. 567
 Primary Registration District No. 5803

File No. _____
 Registered No. 18 St. _____ Ward _____

2. FULL NAME

Trustin Bard

(a) Residence. No. _____ St. _____ 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	72	11	1	

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) New Madrid Co Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Don't know.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know

12. MAIDEN NAME OF MOTHER Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know.

14. INFORMANT (Address) B. B. Ramsey Bard, Ospreyville Mo.

15. FILED 3/9 1930 Duffon Hodges REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7th 1930.

17. I HEREBY CERTIFY, That I attended deceased from me 3 1930, to me 7 1930, that I last saw him alive on me 6 1930, and that death occurred, on the date stated above, at 1.45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia

108
 (duration) yrs. mos. 5 ds.
 CONTRIBUTORY (SECONDARY) 101a
 (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) Wes W. Whitaker, M. D.
3/9 - 1930 (Address) East Prairie 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 Sugar Creek Edge DATE OF BURIAL 3/9 1930

20. UNDERTAKER Travis Shelby ADDRESS East Prairie Mo.

