

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.

APR 30 1930

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

Do not use this space.

9854

1. PLACE OF DEATH

County Platt
Township Weston
City Weston (No.)

Registration District No. 698
Primary Registration District No. 4420

File No.
Registered No.
St. Ward)

2. FULL NAME

Mrs. Ida B. Black

(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 Female 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 John Otis Black

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or min.
34 2 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(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) Bourbon Co. Ky

10. NAME OF FATHER

James R. Abbott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Bourbon Co. Ky

12. MAIDEN NAME OF MOTHER

Callie Ruffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Va

14.

INFORMANT John B. Black
(Address) Weston, Mo.

15.

FILED 3/16, 1930 J. B. Bell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from Oak 29, 1929 to March 7, 1930 that I last saw him alive on March 7, 1930 and that death occurred, on the date stated above, at 7:20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Malignant Endocarditis
566
91A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Acute rheumatic fever
(duration) undetermined.

18. WHERE WAS DISEASE CONTRIBUTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Lewis C. Albert, M. D.

3/11, 1930 (Address) Weston, 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

Pleasant Ridge Cem. 3-9-1930

20. UNDERTAKER

ADDRESS

L. T. Rollins Platte City, Mo.

