

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

11394

1. PLACE OF DEATH

County Stone
Township Hurley
City (No.)

Registration District No. 846
Primary Registration District No. 6983

File No.
Registered No. 8
St. Ward)

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 7 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(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) Stone Co Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Christiana Mo

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Stone Co Mo

14.

INFORMANT J Glen Hale
(Address) Masonville Mo

15.

FILED 3-18-1930 H. P. Shuman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1930, to Mar 18 1930, that I last saw her alive on Mar 15 1930, and that death occurred, on the date stated above, at 6:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi Pneumonia
194A
107A W. O. W.
(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Probably choking on a piece of meat
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF 30

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. P. Duggitt M. D.

3-17 1930 (Address) Cranville 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

Masonville Mo 3-14-30

20. UNDERTAKER

W. E. Hillis ADDRESS Cranville Mo

APR 30 1930

