MAY 28 1930

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

Do not use this space.

15012

1. PLACE OF DEATH
County Saline
Township Salt Pond
City Sweet Springs (No. ..... St. ..... Ward)
Registration District No. 850
Primary Registration District No. 44-80
File No. 5
Registered No. .....

2. FULL NAME James Thomas Treece
(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 14 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: Mary Treece

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 8 1854

7. AGE: Years 75 | Months 11 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): General Work
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Georgetown
(STATE OR COUNTRY): Mo

PARENTS
10. NAME OF FATHER: Geo Treece
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Liggie Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Mrs. Mary Treece
(Address): Sweet Springs Mo

15. April 10, 1930 J. H. Owens
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 9 1930

17. I HEREBY CERTIFY, That I attended deceased from Mch. 4, 1930, to April 10, 1930 that I last saw him alive on April 10, 1930 and that death occurred, on the date stated above, at 11:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
4 L E
10 L B
(duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Bronchitis
(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Same
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. H. Owens, M. D.
4/10, 1930 (Address) Sweet Springs 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: Fairview
DATE OF BURIAL: 4/11 1930

20. UNDERTAKER: R C Carter
ADDRESS: Sweet Springs Mo

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.

V. S. NO. 2.