

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.

16970

1. PLACE OF DEATH

County Pettis  
Township Ledalia  
City Ledalia (No. 1504)

Registration District No. 665  
Primary Registration District No. 332  
St. St. Francois

File No. \_\_\_\_\_  
Registered No. 180  
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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 26-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 7 27

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) Jordan City  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER J P Paylor  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_  
12. MAIDEN NAME OF MOTHER Wm  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) \_\_\_\_\_

14. INFORMANT Miss Bryan Buckley  
(Address) Ledalia Mo

15. FILED 5-20-30 1930  
J. S. Love  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930

17. I HEREBY CERTIFY, That I attended deceased from April 30, 1930, to May 17, 1930 that I last saw him alive on May 17, 1930, and that death occurred, on the date stated above, at 2:30 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Broncho-pneumonia (stasis pneumonia)  
121 (felony ofoplemy)  
107A (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) nephritis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Not in place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chrom. diagnosis  
(Signed) Chas. Sumner, M. D.  
May 20, 1930 (Address) Ledalia 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 Jordan City Mo DATE OF BURIAL May 19 1930

20. UNDERTAKER Zillupis ADDRESS Ledalia

