

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

Do not use this space

W. O. M. D.
16981

1. PLACE OF DEATH

County Pettis
 Township Idalia
 City Idalia (No. 513, 3, 4)

Registration District No. 668
 Primary Registration District No. 3032

File No. _____
 Registered No. 144
 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 <u>F</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widow</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 1 - 1847</u> | | |
| 7. AGE | YEARS <u>83</u> | MONTHS <u>2</u> |
| | DAYS <u>20</u> | If LESS than 1 day, _____ hrs. or _____ min. |
| 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) Hautin
 (STATE OR COUNTRY) England

10. NAME OF FATHER Wm Davidson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Leah Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hautin
 (STATE OR COUNTRY)

14. INFORMANT Mrs Wm Lambert
 (Address) Idalia

15. FILED 5-31-30 J. L. Love
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 31 1930

17. I HEREBY CERTIFY, That I attended deceased from April 10 1930 to May 31 1930 that I last saw him alive on May 30 1930, and that death occurred, on the date stated above, at 4:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis

930 do not know
 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) none
 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
 NOT AT PLACE OF DEATH do not know
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chromic diagnosis
 (Signed) Chas. M. M.D.
May 31 1930 (Address) Idalia 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 Idalia DATE OF BURIAL June 7 1930

20. UNDERTAKER Phillips ADDRESS Idalia

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.

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