

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

Do not use this space.

18293

1. PLACE OF DEATH

County Seaford Registration District No. 810 File No. _____
 Township Jefferson Primary Registration District No. 4488 Registered No. 38
 City Memphis (No. _____) St. _____ Ward _____

2. FULL NAME P. C. Dewey

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 _____

Mrs Mary Dewey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
80 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Brighton, Ohio
 (STATE OR COUNTRY) _____

PARENTS

10. NAME OF FATHER Ralph Dewey

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

12. MAIDEN NAME OF MOTHER Lucinda Miller

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

14. INFORMANT Mrs Alfred Ammonsman
 (Address) Memphis, Mo.

15. FILED 6/3 30 E. E. Gardner
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1929, to May 19 1930, that I last saw him alive on May 19 1930, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

choleca valvula heart disease
92A

(duration) 10 yrs. — mos. — da.

CONTRIBUTORY (SECONDARY)

900w

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical

(Signed) A. E. Platter, M. D.

5/19 1930 (Address) Memphis, 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 Memphis cemetery DATE OF BURIAL 5/22 1930

20. UNDERTAKER W. W. Payne Sons ADDRESS Memphis

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.

1000000