

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

Do not use this space.

18902

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Donnigan (No. _____)

Registration District No. 165
Primary Registration District No. 5-2-30

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 W. B. York.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 26-1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Cedar Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Madison O'Commer
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Matilda Lamaster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT (Address) W. B. York Stockton Mo.

15. FILED July 19 30 E. S. Smith REGISTRAR
Mary Bayless

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 19 30

17. I HEREBY CERTIFY, That I attended deceased from May 17-30 1930 to June 5-30 1930
that I last saw h. a. s. alive on 6-3-30 1930, and that death occurred, on the date stated above, at 12:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
931 900 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. B. Stewart M.D. M. D.

(Address) Stockton 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
Stockton Cemetery 6/6 19 30

20. UNDERTAKER ADDRESS
Davis & Co. Stockton

WRITE PLAINLY, WITH UNFAADING 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.

