

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

Do not use this space.

19110

1. PLACE OF DEATH

County Dundy
Township Howard
City _____ (No. _____)

Registration District No. 309
Primary Registration District No. 5434

File No. _____
Registered No. 24
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5-31-1930</u>		
7. AGE YEARS <u>—</u>	MONTHS <u>—</u>	DAYS <u>—</u>
If LESS than 1 day <u>12</u> hrs. or <u>—</u> min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. none
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dundy Co
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Francis Bread</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Wable Prichett</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Carson, Iowa</u> (STATE OR COUNTRY)

14. INFORMANT J.P. Brown
(Address) Denver, Mo.

15. June 4, 1930 W.H. Martin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from May 31, 1930 to June 1, 1930
that I last saw her alive on May 31, 1930, and that death occurred, on the date stated above, at — m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perinatal Birth
159 (duration) yrs. mos. 1/2 ds.
CONTRIBUTOR (SECONDARY) 1610 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. ex. Inspection

(Signed) James H. Lay, M. D.

, 19 (Address) Denver, 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

Long Star DATE OF BURIAL 6-1 1930

20. UNDERTAKER Bram Prox ADDRESS Denver

