

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

20110

File No. 50
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Montgomery Registration District No. 593
Township Douville Primary Registration District No. 4351
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

James Davis Singleton

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

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 Mary Ellen Singleton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	<u>78</u>	<u>2</u>	<u>17</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

10. NAME OF FATHER Ural Dean Singleton

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

12. MAIDEN NAME OF MOTHER Susan O'Flaherty

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

14. INFORMANT Walter Singleton
(Address) Wellsville Missouri

15. FILED 8/6 1930 James O. Helms REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1930

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1930, to June 4, 1930, that I last saw him alive on June 3, 1930, and that death occurred, on the date stated above, at 1.50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis with tachycardia
131
92 F
95 F (duration) not known yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Nephritis, chronic interstitial (duration) not known yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH, DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physician's & Lab
(Signed) Paul W. Maffee, M. D.

June 4, 1930 (Address) Montgomery City 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 Wellsville Cemetery DATE OF BURIAL 6/5 1930

20. UNDERTAKER Ed. Bush ADDRESS Wellsville

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.

26 1930

