

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.

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

20262

#### 1. PLACE OF DEATH

County Pettis  
Township Pedalia  
City Pedalia (No. 709 East 10th)

Registration District No. 665  
Primary Registration District No. 3032

File No. \_\_\_\_\_  
Registered No. 152  
St. \_\_\_\_\_ Ward \_\_\_\_\_

#### 2. FULL NAME

(a) Residence. No. 709 East 10th St. 3 Ward.

(Usual place of abode)  
Length of residence in city or town where death occurred 7 yrs. 6 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

#### PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
12 5 15

#### 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Nurse  
(b) General nature of industry, business, or establishment in which employed (or employer). ✓  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Perry Iowa  
(STATE OR COUNTRY)

10. NAME OF FATHER Fred Anton  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Model Iowa  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Minnie Burley  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne Iowa  
(STATE OR COUNTRY)

14. INFORMANT Fred Anton  
(Address) Pedalia Mo

15. FILED 6-12-30 J. S. Love REGISTRAR

#### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1930

17. I HEREBY CERTIFY, That I attended deceased from 9/1, 1928, to 6-8, 1930 that I last saw u alive on 6/8, 1930, and that death occurred, on the date stated above, at 6:40 A. M.

#### THE CAUSE OF DEATH WAS AS FOLLOWS:

pulmonary tuberculosis  
(duration) 2 yrs. 0 mos. 0 ds.

CONTRIBUTORY (SECONDARY) 31  
(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) OTD Dyer, M. D.  
6/12 1930 (Address) Pedalia 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 Pedalia Mo DATE OF BURIAL 6/10 1930

20. UNDERTAKER W. Laughlin Bros ADDRESS Pedalia

