

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

Do not use this space.

22309

**1. PLACE OF DEATH**

County Clay  
Township Liberty  
City Liberty (No.         )

Registration District No. 201  
Primary Registration District No. 5780

File No.           
Registered No. 72  
St.          Ward         

**2. FULL NAME**

John H. Teague  
(a) Residence No. I.O.O.F. Home Ward         

Length of residence in city or town where death occurred 3 yrs.          mos.          ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 28-1863

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS than 1 day, <u>        </u> hrs. or <u>        </u> min. |
|        | <u>66</u> | <u>9</u> | <u>22</u> |  |

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Wm Teague

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

12. MAIDEN NAME OF MOTHER McKnight

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

14. INFORMANT Paul Rogers Supt.  
(Address) Liberty Mo.

15. FILED 7/10/30 Wuesthansen  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 1930

17. I HEREBY CERTIFY That I attended deceased from apoplexy, 1930, to July 20, 1930 that I last saw her alive on July 19, 1930, and that death occurred, on the date stated above, at 11:40 A.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Neuritis  
Senility  
87A

CONTRIBUTORY (SECONDARY) 87A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH:         

19. DID AN OPERATION PRECEDE DEATH? 8 DATE OF         

WAS THERE AN AUTOPSY?         

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. H. Matthews, M.D.

7-21, 1930 (Address) Liberty Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from TOXIC CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Miller Mo. DATE OF BURIAL 7-22 1930

20. UNDERTAKER Morris & Leiman Miller Mo.  
ADDRESS

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.

