

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

Do not use this space for
Issued in this office
Permit 23951
File No. _____
Registered No. 23
St. _____ Ward _____

1. PLACE OF DEATH

County Reels Co
Township Jack
City Dandalia (No. _____)

Registration District No. 912
Primary Registration District No. 5960B

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 6 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 widowed
(write the word)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-6-1868
7. AGE YEARS MONTHS DAYS 61 10 29
If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Edw. W. Deater
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER Campbell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill.

14. INFORMANT Julie Spragg
(Address) Van and Mrs. Mo

15. FILED 7/12/30 9/6/30 Mattie Fugate
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 20 1930 to June 24 1930, and that I last saw her alive on June 24 1930, and that death occurred, on the date stated above, at 7:45 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Venous Poisoning
97
132B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
unknown (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signature) John Brown M. D.
(Address) Reynolds

*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 Reynolds Chapel DATE OF BURIAL 7-6-1930
20. UNDERTAKER J. B. Clark ADDRESS Dandalia Mo

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.

AUG 26 1930

