

SEP 22 1930

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

Do not use this space.

1. PLACE OF DEATH

County Lape Girardeau
Township Bend
City Neat Jackson, Mo. (No., St. Ward)

Registration District No. 124
Primary Registration District No. 5179

File No. 26076
Registered No. 54

2. FULL NAME

(a) Residence. No. Jackson, Mo. (P.F.D.) St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 18 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 5

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) Texas
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known
12. MAIDEN NAME OF MOTHER Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Betty Thompson
(Address) Waddouville, Mo.

15. FILED 8-23-30 D. G. Subing REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1930, to Aug 24, 1930, that I last saw him alive on Aug 24, 1930, and that death occurred, on the date stated above, at 11:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

CONTRIBUTORY (SECONDARY) 124 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at residence
IF NOT AT PLACE OF DEATH, at place of death

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) B. G. Hays, M. D.
Aug 25, 1930 (Address) Jackson, 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 Forward Cemetery DATE OF BURIAL Aug 26 1930

20. UNDERTAKER W. C. Conroy & Son, Inc. (Ch) ADDRESS Jackson, 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.

