NOV 22 1930

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

Do not use this space.

26265-1

26265-A

**1. PLACE OF DEATH**

County: Dade — Registration District No. 237 — File No.

Township: ~~Center~~ — Primary Registration District No. 4144 — Registered No. 35

City: Greenfield (No. ..... St. ..... Ward)

**2. FULL NAME** Ida Catherine Rector.

(a) Residence (Usual place of abode) No. Jerico Springs, Mo ~~Ward~~ (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND~~ OF (OR) WIFE OF Luther Rector.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 31. 1878

| 7. AGE | Years | Months | Days | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 51 | 8 | 21 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housekeeping

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cedar Co. (STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER R. C. Ball.

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

12. MAIDEN NAME OF MOTHER Mattie Brasier

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

14. INFORMANT Memmeffee Ball (Address) Jerico Springs. Mo.

15. FILED 8-23, 1930 E. O. Ball REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1930 to Aug 17, 1930 that I last saw him alive on Aug 22, 1930 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131

(duration) 5 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Intestinal Obstruction

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED At place of death

IF NOT AT PLACE OF DEATH

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination

(Signed) H. A. Brown, M. D.

, 19 (Address) Greenfield 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~~ Brasier Cemetery — DATE OF BURIAL Aug. 24, 1930

20. UNDERTAKER C. P. Mitchell — ADDRESS Jerico Spgs.