

1# 3 OCT 28 1930
82

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

Do not use this space.

26267

PLACE OF DEATH

County Wallas
Township Buffalo
City Buffalo (No.)

Registration District No. 241
Primary Registration District No. 4147

File No.
Registered No. J-69
St. Ward)

2. FULL NAME Tom Southard

(a) Residence. No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug-30-30

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Sylvia Southard

I HEREBY CERTIFY, That I attended deceased from 8-16-30, 1930, to 8-30-30, 1930, that I last saw him alive on 8/27/30, 1930, and that death occurred, on the date stated above, at 2 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-10-1848

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE: YEARS 82 MONTHS 7 DAYS 20 If LESS than 1 day, hrs. or min.

Dysentery (Colitis)
12 1/2 (duration) yrs. mos. ds.

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

CONTRIBUTORY (SECONDARY)

9. BIRTHPLACE (CITY OR TOWN) Wallas County Mo (STATE OR COUNTRY)

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

10. NAME OF FATHER John Southard

Did an operation precede death?

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

Was there an autopsy?

12. MAIDEN NAME OF MOTHER Southard

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) W. E. Young, M. D.

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

, 19 (Address) Louisa Mo

14. INFORMANT Will Southard (Address) Buffalo 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.

15. FILED 10/10/30 1930 Hosny Morrow REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL New Hope DATE OF BURIAL Aug 30 30
20. UNDERTAKER L. B. Jones ADDRESS Buffalo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

