

OCT 31 1930

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

Do not use this space.

33883

1. PLACE OF DEATH

County Reynolds
Township Fogden
City (No.) St. Ward

Registration District No. 748
Primary Registration District No. 5989

File No.
Registered No.
St. Ward

2. FULL NAME

James Inman

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Addie Inman</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Unknown 1838</u>		
7. AGE <u>about 72</u>	YEARS <u>72</u>	MONTHS <u></u>
	DAYS <u></u>	IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Common Labor

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Salem
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Inman

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

12. MAIDEN NAME OF MOTHER Stout

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

14. Informant daughter Emma B. Buford
(Address) Ellington Mo.

15. Filed 10/6, 1930 Essie Evans
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from, 19...., to, 19...., that I last saw h. alive on, 19...., and that death occurred, on the date stated above, at, 19....

THE CAUSE OF DEATH WAS AS FOLLOWS:
Died suddenly from unknown cause.

1180 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Indigestion
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: 2105 B

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) No Physician, M. D.
, 19 (Address)

*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 Ellington Mo. DATE OF BURIAL Oct. 5 1930

20. UNDERTAKER Neighbors
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

