

NOV 28 1930

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

Do not use this space.

35109

1. PLACE OF DEATH

County Stoddard
Township Castor
City Castor (No. _____)

Registration District No. 837
Primary Registration District No. 6099

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Margaret Elefabeth Street

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-16 1930

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

17. I HEREBY CERTIFY, That I attended deceased from August 1, 1930 to Sept 16, 1930, 1930 that I last saw her alive on Sept 10, 1930 and that death occurred, on the date stated above, at 6 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-8-1864

THE CAUSE OF DEATH* WAS AS FOLLOWS:
arteriosclerosis accompanied by valvular disease of heart
99 (duration) 1 yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 8 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) 99 (duration) _____ yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co Mo

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

10. NAME OF FATHER Berry Poe

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) E. A. Briney, M. D.
, 19 (Address) Bloomfield MO

12. MAIDEN NAME OF MOTHER Elizabeth Paterson

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

*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.

14. INFORMANT (Address) Mrs James Elmer Bloomfield Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Phibant valley cemetery 10-18 1930

15. Nov 30 1930 Edw. Ford REGISTRAR

20. UNDERTAKER ADDRESS
J. A. Childs Bloomfield

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

