

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

Do not use this space.

PLACE OF DEATH

County Crawford
Township
City Steelville Mo (No.)

Registration District No. 231
Primary Registration District No. 4141

File No. 681
Registered No. St. Ward)

2. FULL NAME John Willburn Best

(a) Residence No. St. Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 53 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Serves bar men.
(b) General nature of industry, business, or establishment in which employed (or employer) 112
(c) Name of employer

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

10. NAME OF FATHER William Henry Best

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known 31

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co Mo.

14. INFORMANT (Address) Viola Best Steelville Mo

15. FILED 1-30 1931 C. R. Gibbs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/16 - 1931

17. I HEREBY CERTIFY, That I attended deceased from 12/31 - 1930 , to 1/16/1931 , that I last saw him alive on 1/16/1931 , and that death occurred, on the date stated above, at 9-5 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocardial Regurgitation

CONTRIBUTORY (SECONDARY) P. A.

18. WHERE WAS DISEASE CONFIRMED IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No. DATE OF (D)

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. G. Anderson, M. D. , 19 (Address) Steelville 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 Keyaville Cemetery DATE OF BURIAL 1/18 - 1931

20. UNDERTAKER J. J. Jones Steelville Mo ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK, IN CAPITAL LETTERS, IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED.

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