WRITE LAINLY, 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.

JUL 24 1931

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

Do not use this space.

1. PLACE OF DEATH
County Grove — Registration District No. 320 — File No. 24799
Township W Center — Primary Registration District No. 5443 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Unnamed
(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

3. SEX: M
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-3-1931

7. AGE — YEARS ✓ — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, 3 hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Irvin Tvett
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) Ark Kansas
12. MAIDEN NAME OF MOTHER Nora Keith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greene Co
(STATE OR COUNTRY) Mo

14. INFORMANT Josepe Keith
(Address) R 2 Bois Dare

15. FILED 7/4, 1931 Lucy E. Hayes REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-3- 1931

17. I HEREBY CERTIFY, That I attended deceased from 7-3-, 1931, to 7-3-, 1931, that I last saw him alive on 7-3-, 1931, and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition
160B
150
(duration) ✓ yrs. ✓ mos. ✓ ds.

CONTRIBUTORY (SECONDARY) Slow tedious labor
(duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH At Home
DID AN OPERATION PRECEDE DEATH? no; DATE OF ✓
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Usual symp.
(Signed) B. F. Windell, M. D.
7/3, 1931 (Address) Bois Dare 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 Garouette Cem — DATE OF BURIAL 7/3/ 1931

20. UNDERTAKER (GAROUETTE) none — ADDRESS none