

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.

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

Do not use this space.
Myer 5659

1. PLACE OF DEATH

80 County Pittsburg
4 Township Suburban
8 City Suburban (No. 1412)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 27
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1412 So. Quincy 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
70 7 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____

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

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Daniel Hudson

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

12. MAIDEN NAME OF MOTHER Jenny Overby

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

14. INFORMANT H. L. Wheeler
(Address) Suburban

15. FILED 2-4 1932 Je. Lova
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1932

17. I HEREBY CERTIFY, That I attended deceased from _____
to Feb 3, 1932
that I last saw him alive on 2-13, 1932, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypertension & chronic nephritis Interstitial.

(duration) 30 yrs. mos. da.

CONTRIBUTORY (SECONDARY) heart

(duration) 15 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) D. P. Oyer, M. D.

4/4, 1932 (Address) Suburban

*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

DATE OF BURIAL

Suburban 2/5 1932

20. UNDERTAKER Suburban

ADDRESS Suburban

MAR 24 1932

