

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

Do not use this space.

24129

1. PLACE OF DEATH

County RANDOLPH Registration District No. 739
Township JACKSON Primary Registration District No. 4439
City (No. 5868)

File No. 24129
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
ABOUT 73 YRS OLD

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 41. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

13. NAME DONT KNOW

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE MT SALEM DATE JULY 19 1933

19. UNDERTAKER (ADDRESS) SNOW-LEAVERTON MOBERLY

20. FILED 7-19 1933 EDDUMS Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 18TH 1933

22. I HEREBY CERTIFY, That I attended deceased from July 10 1933 to July 18 1933

I last saw him alive on July 18 1933 Death is said to have occurred on the (date stated above, at 9:54 a.m.

The principal cause of death and related causes of importance were as follows:

Myocarditis
12/29 131
Date of onset 8/19/33

Other contributory causes of importance:

Chronic hypertensive nephritis
Date of onset 1/10/32

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Geo. D. Kelly M. D.
(Address) Jacksonville, Mo

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.

WHITE FEMALE, WITH CONTINUING MARKS THIS IS A PERMANENT RECORD

