

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

Do not use this space.

32658-A

PLACE OF DEATH

County Douglas Registration District No. 974
Township Spring Creek Primary Registration District No. 5382
City Smallville (No. _____) St. _____ Ward _____

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

2. FULL NAME

Ardeth Hester

(a) Residence, No. Smallville 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. 2 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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 16 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or 2 min.

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) Smallville
(STATE OR COUNTRY) MO

10. NAME OF FATHER Lloyd A Hester

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rome, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alma May Paine

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

14. INFORMANT Lloyd A Hester
(Address) Smallville Mo

15. FILED Jan 8 1934 Dora Mendel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 16 Oct 19, 1933, to Oct 19, 1933, and that that I last saw him Oct 10, 1933, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

156 lack of vitality

CONTRIBUTORY (SECONDARY) 158

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. C. Perky M. D.

Oct 19, 1933 (Address) Smallville 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 Walnut Grove DATE OF BURIAL Oct 21 1933

20. UNDERTAKER Neighbors ADDRESS Rome 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.

DEPARTMENT RECORD

JAN 26 1934

[The body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or document with multiple columns of information.]