

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

Do not use this space.

498

**1. PLACE OF DEATH**

County Chariton  
Township Mendon  
City Mendon (No. ....)

Registration District No. 172  
Primary Registration District No. 4101

File No. 2  
Registered No. 2 St. .... Ward)

**2. FULL NAME**

(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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-6-1842

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
91 2 10

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) .....  
11. Total time (years) spent in this occupation.....  
Retired Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W Virginia

MOTHER FATHER  
13. NAME Lideon Hong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Dudley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Geo. Hong (ADDRESS) Mendon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mendon DATE 1-18 1934

19. UNDERTAKER W.D. West (ADDRESS) Mendon Mo

20. FILED 1-17 1934 W.D. West Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16 1934  
22. I HEREBY CERTIFY that I attended deceased from Jan 12 1934 to Jan 16 1934  
I last saw him alive on Jan 15 1934 Death is said to have occurred on the date stated above, at 12:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Failure Degeneration of the Heart  
Other contributory causes of importance:  
930  
107 W.D. West

Name of operation. .... Date of operation. ....  
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?  
If so, specify.....

(Signed) W.D. West, M. D.

(Address) Mendon Mo.

WHILE PLAIN 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.

1934

