

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.

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 546
Township Johnson Primary Registration District No. 5735
City (No. _____) St. _____ Ward _____

File No. 13543
Registered No. 4

2. FULL NAME J. M. A. Southard

(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 30 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Annella Southard</u> (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-9-1859</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>—</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>1934</u>		11. Total time (years) spent in this occupation <u>57</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Mo</u>		
13. NAME <u>Hullam Southard</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Rebecca Doerger</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Carl Southard</u> (ADDRESS) <u>St James mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Southard c.</u> DATE <u>4-19</u> 19 <u>34</u>		
19. UNDERTAKER <u>W. Truckler</u> (ADDRESS) <u>St James mo</u>		
20. FILED <u>April 21</u> 19 <u>34</u> <u>Sam A. James</u> Registrar.		

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17 1934

22. I HEREBY CERTIFY, that I attended deceased from Sept 1933 to April 17 1934
I last saw him alive on April 14 1934. Death is said to have occurred on the date stated above, at 29 m.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis
Date of onset 131

Other contributory causes of importance: _____

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? _____
If so, specify _____
(Signed) CH. Fullmer M. D.
(Address) St James Mo

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