

MAY 20 1935

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

Do not use this space.

11832

## 1. PLACE OF DEATH

County Atchinson  
Township Lincoln  
City Westboro (No. ....)

Registration District No. 22  
Primary Registration District No. 2016

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

2. FULL NAME Wm Henry Teague

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

## 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 Sarah Teague

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 11th, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
85 5 22

8. OCCUPATION OF DECEASED Retired

(a) Trade, profession, or particular kind of work. Plasterer

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

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Atchinson County  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wm Teague

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

12. MAIDEN NAME OF MOTHER Nacy Ripley

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

14. INFORMANT Wm Teague  
(Address) Westboro Missouri

15. FILED 43, 1935 White

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-2 1935

17. I HEREBY CERTIFY, That I attended deceased from March 6, 1935 to 4-2 1935 that I last saw him alive on 4-2 1935 and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Influenza

(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) Age  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) [Signature] M. D.

4-3, 1935 (Address) Westboro 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

Walden Grove Cemetery

20. UNDERTAKER

Scott Tucker

DATE OF BURIAL

4th  
April 1935

ADDRESS  
Westboro  
Missouri

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.

