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.

REC'D MAY 17 1938

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

14052
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 100 Registered No. 413
(c) City St. Joseph, (d) Street No. 321 Ozark, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milo Alonzo Ide, 300
(a) Residence, No. 321 Ozark, St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Fannie Elizabeth Ide,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 7, 1856
7. AGE: YEARS 82, MONTHS 2, DAYS 3; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Blacksmith
9. Industry or business in which work was done, as saw mill, bank, etc. Blacksmith Shop
10. Date deceased last worked at this occupation (month and year) April 1923
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

FATHER
13. NAME: John Ide,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Germany,

MOTHER
15. MAIDEN NAME: Margaret Duval,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Pennsylvania,

17. INFORMANT (ADDRESS): William B. Ide, 321 Ozark Street,
18. BURIAL, CREMATION, OR REMOVAL
PLACE King Hill Cem. DATE April 12, 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton, McGale & Bowman, 319 So. 10th. Str. Funeral Home
20. FILED 4-12 1938 H. J. Nestlebush, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10th 1938
22. I HEREBY CERTIFY, That I attended deceased from Apr 9, 1938, to Apr 9, 1938
I last saw him alive on Apr 9, 1938. Death is said to have occurred on the date stated above, at 6:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremia Coma	4/9/38
131	
Other contributory causes of importance:	
Chr Nephritis	1937
Genl Arterio Sclerosis	✓

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) A. R. [illegible], M. D.
(Address) St. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by my self Apr. 10, 1938

✓ L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)