

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.

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

Do not use this space.

30289

1. PLACE OF DEATH

County Hosanna Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Clatsop (Name) _____ St. _____ Ward _____

File No. _____
 Registered No. 110
 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

MEDICAL CERTIFICATE OF DEATH

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 Mary Caldwell

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 8 1928
 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1928, to Sept 8, 1928
 that I last saw h. _____ alive on Sept 8, 1928 and that death occurred, on the date stated above, at 5:10 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 23 1850
7. AGE YEARS 78 MONTHS 4 DAYS 16
 If LESS than 1 day, _____ hrs. or _____ min.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
cardiovascular disease

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Piano Salesman
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer J. W. Caldwell

CONTRIBUTORY (SECONDARY) ask 90 Byers (duration) _____ yrs. _____ mos. _____ ds.
18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper Co. Missouri

18. WHERE WAS DISEASE CONTRACTED (continued)
 IF NOT AT PLACE OF DEATH.
19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
20. WAS THERE AN AUTOPSY? no
21. WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) D. W. Wolz M. D.
 (Address) Clatsop Mo

10. NAME OF FATHER Dart Knew
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Dart Knew

12. MAIDEN NAME OF MOTHER Mary Kiodrisk
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dart Knew

14. INFORMANT Laura Suddeth
 (Address) 28 South McLane

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clatsop Mo **DATE OF BURIAL** Sept. 9 1928
20. UNDERTAKER Times Willkum & Co **ADDRESS** _____

15. FILED Sept. 10 1928 Dr. E. C. Peeler REGISTRAR
per J. J.

